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ABSTRACT

This 1994 Kids Count report focuses on risk-taking behaviors among Colorado adolescents and discusses how prevention and early intervention strategies can impact the lives of the state's children. Statistics and descriptions are given for: (1) alcohol, tobacco, and drug use; (2) teen sexuality, including sexual activity and teen pregnancy and birth rates; (3) access to health care, including teens in poverty, homeless teens, and teens in out-of-home placements; (4) child abuse rate, including neglect and sexual abuse; (5) teen motor vehicle deaths; (6) violent death rate, including suicide, homicide, and firearm-related deaths; (7) weapons use; (8) youth and the law, including juvenile violent arrest rate; (9) education, including dropout rate and academic achievement; (10) prenatal care; (11) infant mortality; (12) low weight births; and (13) preschool enrollment. Results suggest that teens are taking more risks at younger ages and are "graduating" to more serious risks as they get older. The report notes that there have been increases in drug use by younger adolescents, an increased violent death rate, a tripling of the teen suicide rate for teens ages 10 to 14, and increased deaths from child abuse. There have also been increases in low birthweight births and teen birth rates. However, infant mortality has declined and preschool enrollment has steadily climbed. The report lists selected county data for the indicators and defines each indicator. (KDFB)

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KidsCount In Colorado!

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ERRATA

1. On page 17, the title for figure 13 should be:
   Rate of Adolescent Suicide by Age, Colorado: 1980-1992.

2. On pages 36 and 37, the figures for Elbert and El Paso counties should be reversed across the chart EXCEPT for the following columns:
   - 1994 Adolescent (10-19) Percent of Total Population
   - 1992 Percent Entry into Early Prenatal Care
   - 1992 Infant Mortality Rate
   - 1992/93 High School Graduation Rate

3. On page 37, the 1992 High School Graduation rates for Cheyenne, Kiowa, Phillips, and San Juan counties should be 100.0.

The Colorado Children's Campaign regrets any inconvenience. If you would like a corrected copy of the County Data Chart on pages 36 and 37, please contact the Colorado Children's Campaign at (303) 839-1580.

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KidsCount In Colorado!
1994

Colorado Children's Campaign
Beverly R. Buck
Director of Research and Programs

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INTRODUCTION

REAL TEENS, REAL STORIES

I want to be a mechanical engineer. I like to see myself in ten years as a high paid person with high respect of all my friends and my family. I have other goals in my life... My first one is to graduate high school and get my diploma. I can get to this goal by going to all my classes and do all the hard work that my teachers give me. I want to have a family of my own.

ZEKE, AGE 16

I don't think a teenager should have to watch his back. I don't think a teenager should have to worry about dying. I don't think a teenager should have to worry about kissing his dreams goodbye.

DION, AGE 17,
victim of a drive-by shooting

ADOLESCENCE: THE TRANSITION BETWEEN CHILDHOOD AND ADULTHOOD

KIDSCOUNT in COLORADO! defines adolescence as the period between 10 and 19 years of age.[1] Adolescents experience enormous physical, mental, and social development as they explore the world, polish talents, and acquire new skills. Adolescence can be a rocky road, full of angst and insecurity. Most of us probably shudder at the thought of having to repeat our own adolescence and, as parents, approach our own adolescent children with no small degree of apprehension.

The period of adolescence is a learning curve that gives teens the grounding of experience necessary to function as contributing adult members of society. The Colorado Advisory Council on Adolescent Health finds that the "rapid and dramatic changes that occur during adolescence are second only in scope to those in infancy."[2] A teen must master crucial points on the learning curve to adulthood:

- transition from family dependence to independence
- formation of self-identity
- development of a sense of responsibility
- learning to form mature personal relationships
- acquisition of skills necessary for economic independence.

Colorado is blessed with healthy, active, and productive adolescents. They are strong and resilient. Did you know that thousands of Colorado adolescents are:

- advocating for an end to violence on the streets
- building the Colorado Trail
- constructing a home for teen moms
- helping their peers face difficult life decisions
- members of church leadership groups
- making decisions about funding programs for youth
- members of 4-H clubs
- mentoring young children with Big Sisters and Big Brothers of Colorado
- speaking out for what they believe
- stumping the political campaign trail
- staying in school
- supporting kids who want to stay out of gangs
- volunteering in hospitals
- winning National Merit Scholarships
- writing, producing, and performing in arts companies across Colorado.

You don't raise heroes, you raise sons. And if you treat them like sons, they'll turn out like heroes.

WALTER SCHIRRA, JR.
One of the first American astronauts

Adolescence is full of opportunities to make choices and take risks. The biggest risk some kids face is whether their acne will clear up before the senior prom. But, many adolescents face other risks every day:

- an untreated physical or mental condition
- the absence of parents or significant adults in their lives
- early experimentation with sex, alcohol, or drugs
- an unsafe neighborhood, dangerous friends
- easy access to guns
- disinterest in school or academic failure
- domestic abuse.

Even kids who are "expected" to do well are not insulated from some of these risks. The decision to take a risk is heavily swayed by a kid's own knowledge, family environment, peer culture, physical surroundings, educational surroundings, and media influences.

This year's KIDSCOUNT in COLORADO! reports on some risks today's adolescents are taking. Many kids are taking more risks at younger ages and "graduating" to more serious risks as they get older. They are smoking earlier, experimenting with sex earlier, not protecting themselves against sexually transmitted disease or pregnancy, and exploiting easy access to firearms. These teens have experienced increased drug use by younger adolescents, worsening teen birth rates for girls, ages 10 to 17, a worsening rate of violent death for young adolescents, and a tripling of the teen suicide rate for adolescents ages 10 to 14.

In 1992, Colorado had:

- 37 homicide deaths of adolescents, ages 10 to 19
- 58 suicides by kids, ages 10 to 19
- 66 firearm-related deaths of adolescents, ages 10 to 19
- 125 births to girls, ages 10 to 14
- 166 infant deaths of babies born to teen moms
- 1,142 juvenile weapons arrests
- 1,833 juvenile violent crime arrests
- 5,569 juvenile substance abuse arrests
- 6,400 births to girls, ages 15 to 19
- 9,146 dropouts.

As you read this year's KIDSCOUNT in COLORADO!, think about the adolescents you know. Think about where they live and what their lives are like. What else is needed?

REAL TEENS, REAL STORIES

It all starts with me as a person. I am the oldest of six children under a single, black father. A father who has taught me a lot in terms of the mind. I've been given a lot of responsibility and hard duty. I've been told often that I have the knowledge and potential to reach every goal I want. But, I have never had the resources or stable situation to get to those accomplishments.

NATHANIAL, AGE 18

Teens from Montbello High School work on the Colorado Trail, Courtesy: Student Conservation Association, Boulder, Colorado

DID YOU KNOW?

In Roaring Fork, Glenwood Springs School District, 15% of sixth graders and 31% of eleventh graders reported binge drinking. In the Mapleton School District, 31% of tenth graders were binge drinking.

In the Cherry Creek School District, middle schoolers rated alcohol as the substance of choice, followed by tobacco and inhalants.

Up in Routt County, middle school students rate tobacco product abuse as the number one problem. Down in the San Luis Valley, sixth graders are banding together, encouraging their friends to stop using tobacco products.

Alcohol, Tobacco, and Drug Use on School Property

ALCOHOL 7% of all students reported having at least one drink on school property.

TOBACCO 12% of all students reported smoking cigarettes on school grounds. 18% of males reported they had used snuff or chewed tobacco on school property.[4]

DRUGS Between 20 and 30% of kids reported having been offered, sold, or given illegal drugs on school property.

ALCOHOL, TOBACCO, AND DRUGS

Alcohol is often a gateway to the use of other substances. Adolescents usually will experiment first with tobacco, marijuana, and inhalants, and then try hard drugs, such as cocaine, crack, and hallucinogens.

- The more kids drink, smoke, or "do" drugs, the more likely they are to use them in combination and in dangerous circumstances, such as driving under the influence.
- Kids who use alcohol, tobacco, and drugs before age 15 are more likely to be heavy users as adults.

Alcohol

The Colorado Youth Risk Behavior Surveys (YRBS)[1] of high school students show widespread use of alcohol. These surveys, which do not include kids in Denver Public Schools, provide a snapshot of data self-reported by teens, but are nonetheless valuable.

- Of the 81.5% of students who had tried alcohol, almost half of those students experimented with alcohol before age 13. Half of those who drank reported drinking within the month preceding the survey.
- The 1990 YRBS reported that 38% of the student drinkers were "binge drinkers" and drank more than five drinks per occasion.
- The Alcohol and Drug Abuse Division of the Colorado Department of Health reports that 18- 19-year-olds make up 4% of Colorado's problem drinkers.
- Almost half of high school students surveyed by Talmey-Drake Research & Strategy, Inc., thought it was "ok" for teens to drink "a lot" at parties as long as they did not drive while intoxicated.[4]

Colorado high school students participated in a study of adolescent drinking done by the U.S. Department of Health & Human Services.[3] Of the kids who drank, the study found that:

- 31% of kids drink alone
- 41% drink when they are upset because it makes them feel better
- 25% drink because they are bored
- 25% drink to get high.

Most students were unsure of:

- the legal age to purchase alcohol
- the intoxicating effects of alcohol
- the principles of how alcohol affects the body
- the relative strengths of alcoholic beverages
- how to counteract intoxication.

Tobacco

The YRBS reported that:

- 67% of students have tried tobacco products, some as early as ninth grade. 30% were using tobacco products during the month preceding the survey.
- 90% of adolescents in the custody of the Division of Youth Services (DYS) reported trying tobacco products—88% as early as ninth grade. Over 50% reported using tobacco products within the month preceding the survey.
- Male and female students smoked cigarettes in equal proportions, but more males used chewing tobacco. One-quarter of all males reported using chewing tobacco or snuff during the month preceding the survey.

Drugs

Drug use by adolescents is a contributing factor to the two main causes of adolescent mortality—violent death and unintentional injury. Adolescent drug use is also closely connected to juvenile delinquency and criminal behaviors.

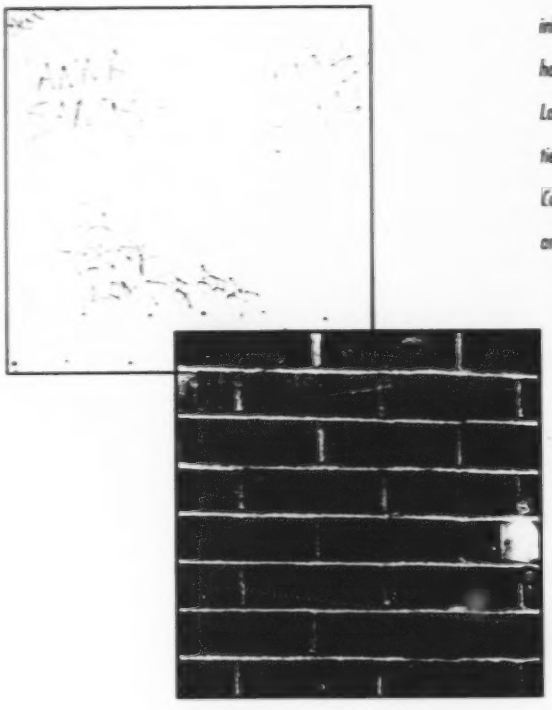
In the 1993 YRBS, 36 percent of students reported having smoked marijuana. At least 5 percent reported trying cocaine, down from 9 percent in 1990. 14 percent of Colorado eighth graders used inhalants, compared to 9 percent of eighth graders nationally.

Drug use was much higher among DYS youth. Three-quarters of DYS youth reported smoking marijuana and 30 percent reported using cocaine.[7]

The most recent national data[8] show that drug use by eighth, tenth, and twelfth graders increased significantly between 1992 and 1993 for all drugs except cocaine and crack cocaine. Use of inhalants by Colorado eighth graders in 1991 was *higher* than the latest national figures. Since drug use by Colorado adolescents has tended to follow national trends, this national increase could predict local increases in adolescent drug use.

Substantial numbers of young men and women begin to smoke....become addicted, and are new recruits in the continuing epidemic of disease, disability, and death attributable to tobacco use.

JOYCELYN ELDERS,
U.S. Surgeon General[9]



DID YOU KNOW?[10]

Sniffing, Snorting, Bagging, and Huffing

Inhalant use is the deliberate use of volatile compounds to get high. Inhalants used by teens are legal, cheap, and easily accessible at the corner store. Common inhalants are paint products, gasoline, hair spray, insecticides, room deodorizers, fabric protectors, helium, paint markers, fingernail polish remover, rubber cement, and lighter fluid.

Chronic use of inhalants can result in neurologic deficits and cognitive impairment. Inhalant use is particularly dangerous because these products are inherently toxic and can induce death suddenly, even in first-time users.

Inhalants are not a problem solely of the inner city. Since 1989, serious adolescent inhalant incidents, including some deaths, have occurred in Adams, Arapahoe, El Paso, Larimer, Mesa, Pueblo, and Summit counties. Inhalants are enough of a problem in Colorado that the General Assembly amended the DUI law to include them.[11]

DID YOU KNOW?

Teen Moms: Older Dads

National research suggests that only 25% of babies born to teens are fathered by teenaged dads.[9] In 1992 there were 6,525 births to teens in Colorado. Teenaged dads were known to have fathered just 30% of these babies.

I Need Someone to Love: Some Teens Just Want to Have Babies

A Talmey-Drake poll of teens reported that 39% of high school girls believed that there was "nothing wrong with a person her [sic] age having a baby as long as she really wants to have it." The Colorado Adolescent Maternity Program at the University of Colorado Health Sciences Center found that about 20% of its clients "didn't mind" that they were pregnant and 14% wanted to be pregnant. They cited reasons such as: "I need someone to love," "I want someone to love me," and "I want to raise someone I'm proud of."

TEEN SEXUALITY

Teens and Sex

According to national research, by the time adolescents turn 18, about 70 percent of boys and over 50 percent of girls have engaged in sexual intercourse at least once, whatever their race, ethnicity, income, or religion.[11]

According to the YRBS, Colorado follows national trends:

- By ninth grade, 42% of boys and 34% of girls reported having engaged in sexual intercourse. By twelfth grade, 73.9% of boys and 68.2% of girls reported sexual intercourse. 12% reported having sexual intercourse before age 13, up from 8% in 1990.[12]
- DYS youth reported even higher rates of sexual activity for both sexes at each grade and age level. 43% of boys and 41% of girls reported having their first sexual encounter before age 13. Moreover, DYS teens reported high rates of sexual abuse (boys, 10%; girls, 39%) by a family member, friend, or stranger.

Of the sexually active adolescents:

- 25% of the students used alcohol or drugs with intercourse. 44% of DYS youth used alcohol or drugs with intercourse.
- In 1990, 10% of sexually active girls reported experiencing a pregnancy; in 1993 the figure was 12%. About 6% of the boys reported causing a pregnancy.
- 33% of the DYS boys and 35% of girls reported they had caused or experienced a pregnancy—up from 27% in the 1990 survey.[13]

Sexually Transmitted Diseases

Some sexually transmitted diseases (STDs), such as chlamydia and gonorrhea, are curable. Others, such as herpes and HIV, are treatable but not curable. AIDS kills. The risk of contracting an STD increases with the number and frequency of sexual partners and the infrequency of condom use. According to the YRBS:

- 25% of students reported multiple sexual partners; 75% of DYS youth reported multiple sexual partners.
- Although 60% of sexually active ninth graders reported regular condom use, less than half of the sexually active eleventh and twelfth graders reported regular condom use.

Teens in Colorado have the highest incidence of some sexually transmitted diseases of any age group. Forty-four percent of positive chlamydia tests in 1993 were of girls, ages 15 to 19. Since 1991, teens, ages 15 to 19, have had the highest rate of gonorrhea.[14]

Only 1 percent of Coloradans with AIDS are adolescents. However, in 1993, 19.5 percent of those diagnosed with AIDS and 42.5 percent of those diagnosed HIV positive were ages 20 to 29. The median incubation period between HIV infection and AIDS diagnosis is about ten years. Many people diagnosed with AIDS in their 20s became infected as teenagers. No county in Colorado is immune from either AIDS or HIV.[15]

TEENS, PREGNANCY, AND BIRTHS

Teen Pregnancy

The teen *pregnancy* rate is the number of conceptions, reported terminations of pregnancy, and spontaneous fetal deaths per 1,000 girls in a specified age group. The teen *birth* rate is the number of live births per 1,000 girls in a specified age group. Researchers estimate at least two teen pregnancies for every live teen birth.

Researchers agree that complex factors influence a teenager to become pregnant. While many teens do not carefully plan for a new baby before getting pregnant, many other teens actively seek pregnancy or do not diligently avoid it.

Colorado's teen pregnancy rates dropped slightly from 63.6 per 1,000 girls in 1980 to 61.4 in 1990. This number is only an approximation of the actual pregnancy rate, because abortions are greatly under-reported. However, following national trends, the drop is largely due to declining pregnancy rates for older teens, ages 18 and 19. *(Table 1)*

Once pregnant, a teen can choose to have an abortion, have the baby and give it up for adoption, or have the baby and keep it.

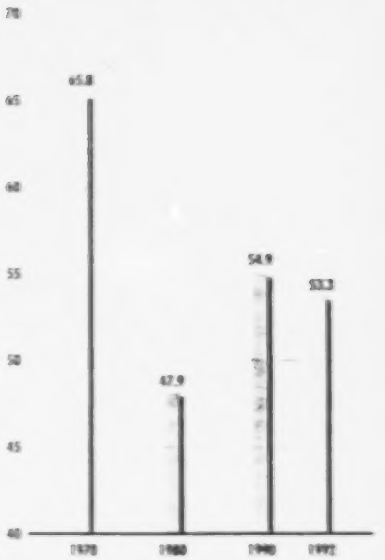
- Teens account for almost a quarter of all reported abortions in Colorado. The ratio of reported abortions by girls younger than 18 to live births for that age group has fallen significantly since the mid-1980s.
- Only 4% of babies born to teen mothers are put up for adoption. The figure has changed little over the past decade.

Teen Births

After reaching a 17 year high of 54.9 in 1990, the teen birth rate for girls, ages 15 to 19, is slowly falling. In 1992, the rate was 53.3. *(Figure 1)*

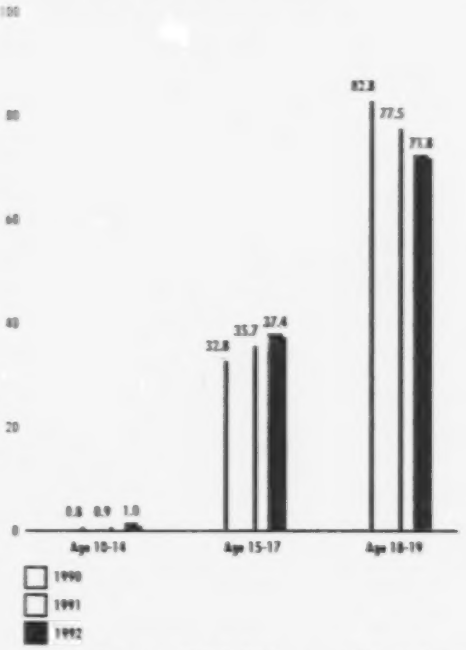
The decrease in the teen birth rate is not evenly distributed. From 1990 to 1992, the teen birth rate has decreased for older teens, ages 18 and 19, and increased for younger teens. *(Figure 2)*

Figure 1
Teen Birth Rate, Girls Ages 15-19, Colorado, 1970-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Rate = Number of live births per 1,000 girls

Figure 2
Teen Birth Rate by Age of Teen, Colorado: 1990-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Rate = Number of live births per 1,000 girls in age group

Table 1
Trends in Teen Pregnancy, by Age, Colorado: 1980-1990

YEAR	PREGNANCY RATES			
	Age 13-14	Age 15-17	Age 18-19	Age 13-19
1980	3.3	51.3	131.3	63.6
1990	3.6	54.6	122.5	61.4

Source: Adolescent Health in Colorado
Rate: per 1,000 girls in age group

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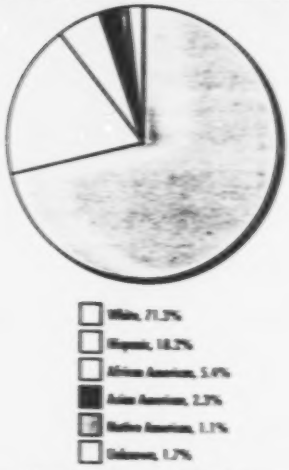
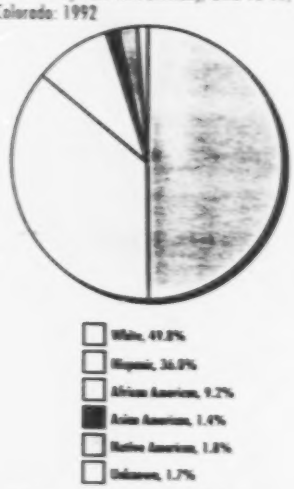
Figure 3
All Births by Race and Ethnicity, Colorado: 1992



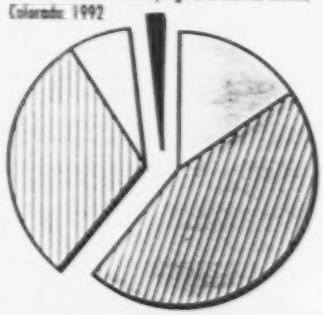
Source: Colorado Department of Public Health & Environment, Health Statistics Section. Data Analysis: The Piton Foundation

Figure 3a
All Births by Race and Ethnicity, Girls 10-19, Colorado: 1992



Due to rounding, numbers may not equal 100%
Source: Colorado Department of Public Health & Environment, Health Statistics Section. Data Analysis: The Piton Foundation

Figure 4
Percent of Teen Births by Age and Marital Status, Colorado: 1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section. Data Analysis: The Piton Foundation

Births to Teens More Concentrated Among Teens of Color

Births to teens of different racial and ethnic groups are not proportionate to the race and ethnicity of women in the population giving birth. For example, 71.3 percent of all births in 1992 were to white, non-Hispanic mothers, but only 49.3 percent of teen births were to white mothers. *(Figures 3 and 3a)*

Births to Single Moms

Most teen moms are single. Eighty-four percent of moms, ages 15 to 17, are single; 60 percent of moms, ages 18 and 19, are single. *(Figure 4)*

Births to single teens have been increasing in Colorado over the last decade. *(Figure 5, right)* However, births to single women of all ages have been increasing. The number of births to single women in their 20's doubled in the last decade. *(Figure 6, right)*

Teen Moms and Second Babies

In Colorado's ten most populous counties, at least 30 percent of all teen moms had more than one child. An average 28 percent of older teen moms, ages 18 and 19, gave birth to their second, third, or fourth child. *(Figure 7, right)*

Teen Pregnancy and Parenting Often Have Long-Term Effects

Teen pregnancy and parenting often have long-term repercussions for the health and economic stability of both mother and baby. Teen mothers of color and teen mothers of more than one child are disproportionately affected. *(Table 2)*

Table 2
Risks of Teen Parenting

Risks to Infant
- health risks associated with inadequate prenatal care; low birthweight, pre-term births, infant mortality

Risks to Child
- living in poverty
- higher rates of acute health and chronic health problems
- higher rates of child abuse and neglect
- higher rates of school failure
- increased chance of becoming teenage parent when older.

Risks to Teen Mom
- ineffectiveness at parenting
- higher risk of repeat pregnancy during teenage years
- poor health
- school failure
- higher rates of unemployment, low-wage jobs, increased poverty
- higher divorce rates.

Risks to Society
- public costs of increased health care needs of mother and child
- public costs of increased participation in social programs (e.g., welfare, foster care, child protective services, special education for mother and child)
- loss of tax revenue from women who would otherwise be wage-earners
- increased social instability in neighborhoods with high concentrations of single mothers.

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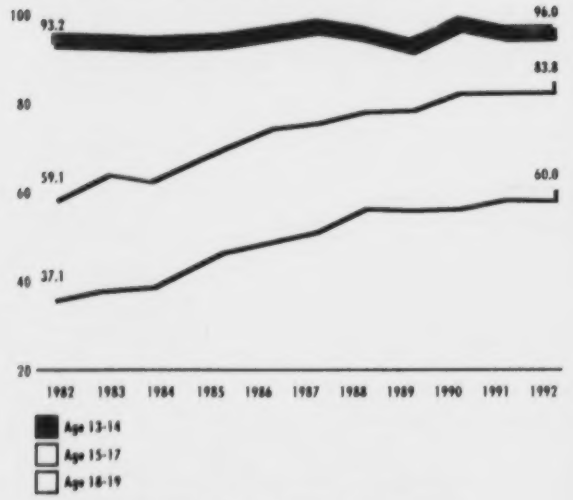
SS Costs to Colorado

Many teens who keep their babies will need financial assistance—much of it at taxpayer expense.

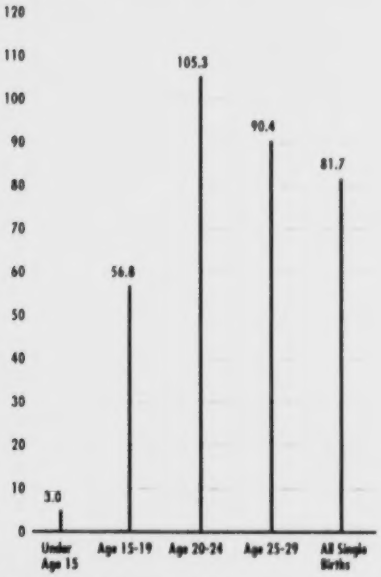
- 8% of AFDC cases (2,666) in Colorado in 1992 contained a teen mom. (Moms ages 18 and 19, 6%; moms younger than 18, 2%.) An average AFDC family has two children and receives $330.15 per month from AFDC. In 1992, this cost Colorado $2.1 million.[17]
- In 1992, government-subsidized health programs, such as Colorado Medicaid and the Colorado Indigent Care program, paid for prenatal and delivery care for approximately 73% of all teen births, at a cost of $17 million.
- According to the Colorado Department of Education, each young mother who drops out of school costs $200,000 in taxes and public assistance over the teen's lifetime.[18]

Figure 5
Trends in Adolescent Child Bearing, Percent of Births to Single Teens by Age, Colorado: 1982-1992



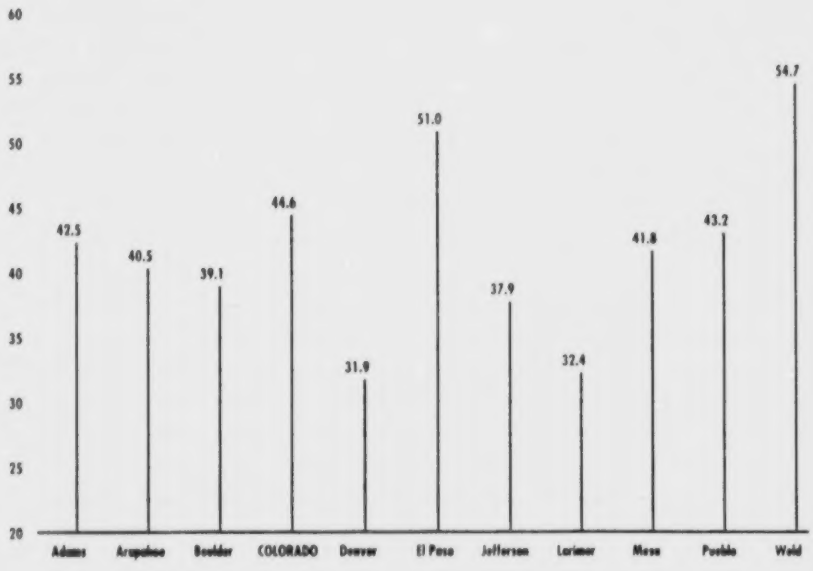
Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation

Figure 6
Percent Change Over Time in Births to Single Mothers by Age of Mother, Colorado: 1982-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation

Figure 7
Percent of Second or Greater Births to Teen Moms, Ages 15-19, 10 Largest Counties, Colorado: 1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation

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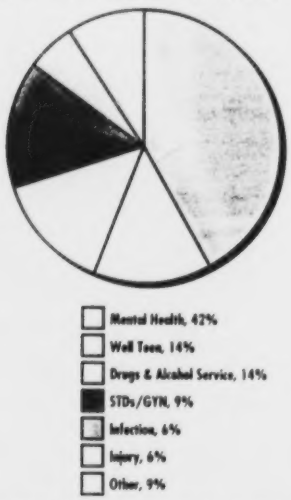
Figure 8
Health Services Provided at Denver School-Based Clinics: 1992



Other = ENT, dermatology, endocrine, ophthalmology, dental, allergy, etc.
Source: Robert Wood Johnson Foundation

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ACCESS TO HEALTH CARE

Barriers

Adolescents are the age group least likely to have good access to health care. Some barriers are:

- cost
- issues of confidentiality
- parental consent
- medical office hours conflicting with school
- inability or refusal to comply with prescribed treatment plan
- discomfort with traditional health care settings
- lack of medical providers trained to work with adolescents.

Schools and Health Care

One model for delivery of comprehensive health services is through a school-based health center (SBHC). SBHCs provide low-cost comprehensive primary medical care,[19] mental health care,[20] substance abuse treatment, and health education services. Reproductive health care for middle and high school students is a comparatively small piece of the service "pie" offered by some, but not all, SBHCs. *(Figure 8)*

SBHCs work with Family Resource Schools, drug-free schools, and other community-based health programs. Seventeen clinics now exist across Colorado in Denver, the San Luis Valley, Commerce City, Summit County, and Fort Collins. Communities in Jefferson County, Pueblo, Brighton, the Eastern Plains, and the Roaring Fork School District are planning new SBHCs.

Populations at Special Health Risk

Teens in Poverty

Research links poverty and poor health, especially for children. Poor children get sick more often, have less access to health care, and their illnesses often have more severe repercussions. The expansion of Medicaid in the late 1980's allowed states to provide greater access to health care through Medicaid to more pregnant women and poor children, including adolescents. However, the expansion in Colorado has a phased approach for children. As of October 1994, the Medicaid expansion covered children ages 6 through 11. Under present Colorado law, 13-year-olds will not be eligible for Medicaid coverage until October 1, 1996; 18-year-olds will not be eligible until October 1, 2001. (Medicaid covers pregnant teens until 60 days after the baby's delivery.)

Homeless Teens

In 1993, there were 1,100 homeless youth in Colorado, ages 12 to 21. Two-thirds of these adolescents were non-Hispanic whites. Some were gay and lesbian.

- Many homeless youth reported physical abuse or neglect at the hands of their parents or guardians. Only 25% reported they could return to their parents even if they so wanted.
- Homeless youth made little use of emergency homeless services out of fear they will be returned to their parents.
- 8% reported trading sex, 16% reported selling drugs, and 40% reported involvement in other illegal activities.

- 38% reported being hospitalized at one time for a mental health problem. (28% of homeless adults surveyed report mental health hospitalization.)
- 46% were enrolled in school, and 23% of homeless teens reported drug or alcohol problems severe enough to interfere with school.
- 20% reported access to health care.[21]

Kids in Out-of-Home Placements

The Department of Human Services Residential Care facilities accommodate youth who are emotionally and/or behaviorally disturbed. Many youth have histories of abuse, neglect, and delinquency. The Division of Youth Services deals with juvenile offenders ages 10 to 21. DYS custody includes maximum security, medium care, and minimum security. In the OOS-YRBS, The Department of Education concluded that youth in these facilities have engaged in health compromising behaviors "at alarming rates."[22]

REAL TEENS, REAL STORIES

Michael, age 11, is in fourth grade. His school record is full of disciplinary warnings and actions. Each of them is for "showing disrespect of authority." When asked about his plans for the future, Michael says he's just waiting until he's 16 so he can drop out of school.

DID YOU KNOW?

At the Lookout Mountain boys' facility,

- *over half the boys reported drinking and using marijuana in school*
- *40% had been physically abused as young children*
- *87% had engaged in sexual intercourse, many before age 10.*

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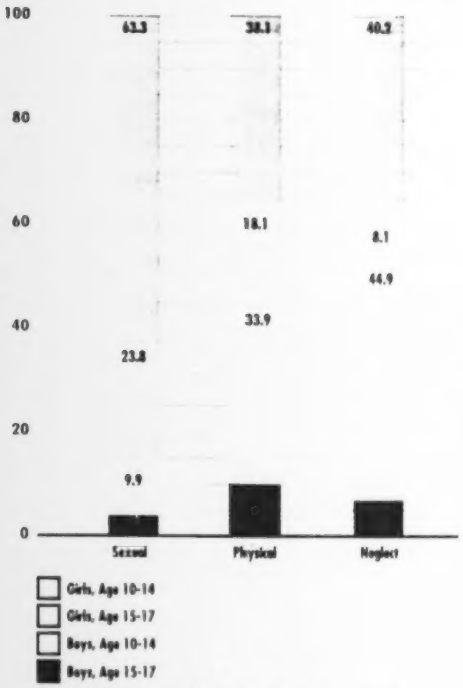
Table 3
Percent of Confirmed Reports of Child Abuse by Type of Abuse, Age, and Gender, Colorado: 1992

	Under age 1 FEMALE	Under age 1 MALE	1-4 FEMALE	1-4 MALE	5-9 FEMALE	5-9 MALE	10-14 FEMALE	10-14 MALE	15-17 FEMALE	15-17 MALE
Physical	16.6	19.0	17.4	24.4	22.6	34.5	36.6	52.2	46.4	63.1
Neglect	45.2	49.4	54.2	61.1	34.7	46.2	15.5	27.7	8.3	17.3
Medical	30.9	29.0	2.1	1.7	1.5	1.0	1.2	1.2	0.4	0.0
Sexual	1.5	0.0	20.1	5.9	36.0	11.5	40.7	10.3	40.8	12.6
Emotional	5.8	2.6	6.3	6.3	5.2	6.8	6.0	8.5	4.1	7.0

Due to rounding, numbers may not equal 100%
Source: Colorado Department of Human Services, Child Welfare Division
Data Analysis: The Piton Foundation

Figure 9
Percent Distribution Selected Forms of Child Abuse of Adolescents by Age and Gender, Colorado: 1992



Source: Colorado Department of Human Services, Child Welfare Division
Data Analysis: The Piton Foundation

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CHILD ABUSE

A working definition of child abuse is an act or failure to act, by a person with custodial responsibility of a child, that results in actual or threatened danger to the child's physical or emotional well-being. It takes many forms.

- Physical abuse includes brain damage/skull fracture, other bone fractures, dislocation/sprains, internal injuries, burns/scalds, and cuts/bruises/welts.
- Neglect includes malnutrition, failure to thrive, exposure to the elements, locking-out, poisoning, physical neglect, educational neglect, abandonment, and lack of supervision.
- Medical neglect includes drug exposure of an infant and fetal alcohol syndrome, as well as failure to seek treatment in certain circumstances.
- Sexual abuse includes rape, incest, and sexual exploitation.

Child Abuse Is a Growing Problem in Colorado

- The number of confirmed primary reports of child abuse and neglect has been rising since 1987. Colorado's 1992 rate of confirmed child abuse reports was 10.3 per 1,000 children, up from 9.8 in 1991.
- The Child Welfare Division, Department of Human Services, grades reports of child abuse by the extent of harm done to the child. Confirmed reports are those instances of child abuse resulting in a dead child, "severe" harm, or "moderate" harm with extenuating circumstances, such as repeat offenses. Primary reports are those confirmed incidents of abuse considered most severe even though a child may have been the victim

of multiple types of abuse in a single event. State officials do not attribute the increase in confirmed reports solely to increased reporting or investigation.

- In 1992, 34 children died in Colorado from abuse and neglect—the highest number of child maltreatment deaths since 1977 and a 21% increase over 1991.

Kids of Any Age Are Vulnerable

Kids of all ages are vulnerable to child abuse. The type of abuse varies with age and gender. *(Table 3, left)*

Neglect

In 1992, 27 percent of adolescent boys, ages 10 to 14, experienced serious neglect. The majority of these cases were from physical neglect and lack of supervision.

Sexual Abuse

Sexual abuse occurred in 20 percent of confirmed primary reports in 1992. Young teens, ages 10 to 14, were the most vulnerable, followed by children ages 5 to 9. However, sexual abuse was the primary complaint in one-third of the cases involving older teens. Girls were three to four times more vulnerable to sexual abuse than boys. *(Figure 9, left)*

Who Is the Abuser?

Over 68 percent of child abusers in Colorado were the parents of the victims. 85 percent of these parents were older than 25. (Parents under age 18 comprised less than 1 percent of all child abuse perpetrators who were parents.) However, the younger the parent, the more likely the parent was female.

Those persons who committed child abuse who were related[23] to the victim, or known but not related,[24] were more likely to be males, regardless of age.

More than half of all parents charged with child abuse were either single or not living with a spouse. The younger the parent charged with child abuse, the more likely s/he was to be either single or not living with a spouse. Other frequently noted characteristics of parents in these cases include: a lack of knowledge of child development, pregnancy or a new baby in the family, and crises within the home.

There is a high percentage of female parent perpetrators. This may be attributable to the large concentration of single-female-headed families, particularly among young parents.

Child Abuse and Neglect Often Have Insidious Long-Term Effects

Many children who perceive that violence is an acceptable way of coping with stress or problem solving behave similarly as adolescents and adults.

- Child victims of abuse and neglect are 53% more likely to be arrested for juvenile delinquency and 38% more likely to be arrested for a violent crime than children who were not abused.[25]
- Abused children often become abusive parents, creating a cycle of violence.
- A high proportion of teen mothers were sexually abused as children.
- Researchers note a high correlation of evidence of head trauma, possibly from earlier child abuse, among violent juveniles.[26]

DID YOU KNOW?

Costs

Colorado pays about 65% of the average daily cost of therapy for a child who has been the victim of abuse and neglect—about $79.00 per day.[27]

DID YOU KNOW?

A survey of high school students in the Evergreen and Conifer area reported that within thirty days of the survey:

- *56% drove 15 mph or more over the speed limit*
- *33% tailgated, cut across lanes to turn, cut someone off, or drove through a stop sign or light without stopping*
- *20% had used alcohol or illegal drugs before driving.*[30]

Table 4
Comparison of Motor Vehicle Death and Violent Death Rates

COUNTY	MOTOR VEHICLE	VIOLENT DEATH
Adams	29.94	22.46
Arapahoe	5.37	14.33
Boulder	9.23	12.31
Denver	7.95	34.97
El Paso	13.30	18.29
Jefferson	9.81	17.98
Larimer	26.22	19.67
Mesa	25.99	45.49
Pueblo	0.00	30.61
Weld	26.29	0.00
COLORADO	**17.30**	**20.76**

Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation
Rate = Deaths per 100,000 10- to 19-year-olds in population.

ADOLESCENTS AND MOTOR VEHICLES

Many more adolescents die from injury than from illness. A major component of injury death is death resulting from a motor vehicle incident, either as passenger, driver, pedestrian, bicyclist, or motorcyclist. Adolescent motor vehicle deaths have been declining recently, down from 36.0 in 1990 to 27.9 in 1992.

Despite this decline, most of these deaths would have been preventable but for choices made by the adolescent. They are at greater risk of driving while using alcohol or drugs or riding with someone who is under the influence. Adolescents are less likely to use seat belts or wear helmets.

Drinking and Driving

After declining from 1990 to 1992, arrests of adolescents for driving under the influence increased slightly in 1993.

- Youth driving while under the influence are more likely to be fatally injured in car crashes than adult DWUIs.
- Youth are the second-largest group of drunk drivers involved in car crashes with other fatalities.[28]

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- The YRBS reported that 34.2% of students had accepted rides from people who had been drinking. By twelfth grade, 25% of students reported driving and drinking. 48% of DYS youth reported riding in a car with a driver who had been drinking. One-third of DYS youth reported drinking and driving.

Seat Belts

Half the people killed in motor vehicle crashes in Colorado in 1992 were not wearing their seat belts. Researchers at the University of Colorado Health Sciences Center estimate that failure to use seat belts triples the chance of injury in a car crash and multiplies fivefold the likelihood of being killed.

- In the YRBS, fewer than two-thirds of students "always" used seat belts. Less than half the DYS youth used seat belts when riding or driving.

Head Injury

Head injury is the largest cause of death in motorcycle and bicycle incidents.

- In the YRBS, only 33.4% of students reported wearing helmets when riding a motorcycle.
- Although 78% of students said that they rode bicycles, only 6% said they always wore a helmet.

SS Cost

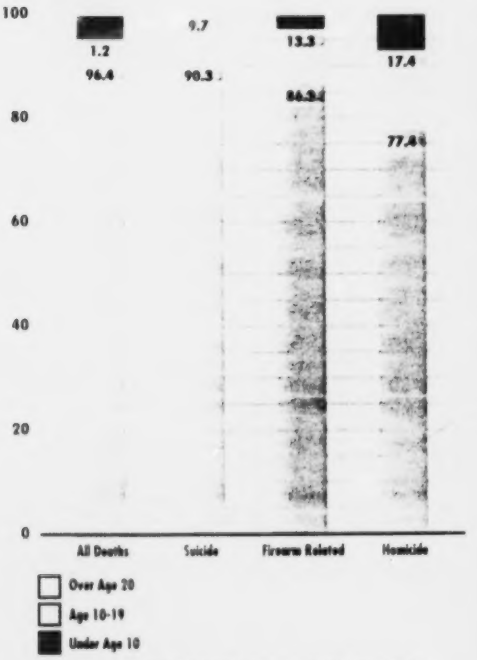
The cost of injuries from motor vehicle–related incidents is staggering. The United States' annual direct cost in 1987 dollars of all motor vehicle-related, nonfatal injuries to children was more than $800 million.[29]

ADOLESCENTS AND VIOLENT DEATH

Adolescents make up 14.6 percent of Colorado's population but only 1.2 percent—one in a hundred—of all Colorado deaths. However, in 1992, Colorado adolescents comprised 12.2 percent of violent deaths. *(Figure 10)*

Ten years ago, a Colorado adolescent was more likely to die in a motor vehicle crash than from any other cause of death. Not any more. In 1992, more Colorado adolescents, ages 15 to 19, died violently than died in motor vehicle-related incidents or from illness or other unintended injuries. KIDSCOUNT in COLORADO! defines violent death as homicides, suicides, and all other firearm-related deaths of juveniles. The teen violent death rate was higher than the teen motor vehicle death rate in seven of Colorado's ten largest counties. *(Table 4, left)*

Figure 10
Adolescent Death as a Percent of All Deaths, Selected Causes, Colorado: 1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation
Add deaths to children over age 10 to equal 100% of deaths.

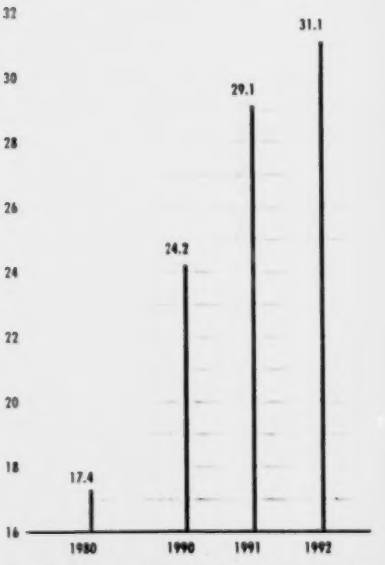
Teen Violent Death Rate Rising in Colorado for Teens of All Ages

In 1980, Colorado's violent death rate for teens, ages 15 to 19, was 17.4 per 100,000. By 1992, the rate had almost doubled to 31.1. *(Figure 11)*

- Boys, ages 15 to 19, had a higher rate of violent death (44.7) than girls (16.6).
- Boys, ages 15 to 17, had the highest rate of all teens for violent death (47.7) in 1992.

Equally problematic is the rising violent death rate for younger adolescents. For adolescents, ages 10 to 14, the rate nearly doubled, increasing from 5.5 to 10.27.

Figure 11
Teen Violent Death Rate, Teens 15-19, Colorado: 1980-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section
Data Analysis: The Piton Foundation
Rate = Number of suicides, homicides and other firearm related deaths per 100,000 teens, ages 15-19.

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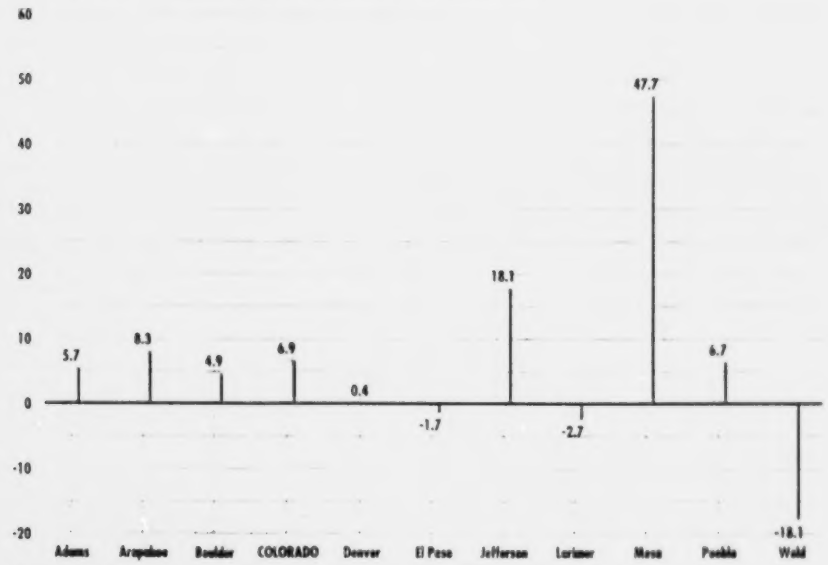
Table 5
Teen Violent Death Rate, Teens 15-19, 10 Largest Counties, Colorado: 1990-1992

COUNTY	1990	1991	1992*
Adams	32.2	16.5	37.9
Arapahoe	19.1	24.1	27.4
Boulder	11.6	11.3	16.5
COLORADO	24.2	29.2	31.1
Denver	38.2	64.7	38.6
El Paso	34.2	34.0	32.5
Jefferson	13.6	21.2	31.7
Larimer	26.6	25.1	23.9
Mesa	29.4	82.1	77.1
Pueblo	33.1	10.3	39.8
Weld	18.1	0.0	0.0

Source: Colorado Department of Public Health & Environment, Health Statistics Section; Data Analysis: The Piton Foundation
*Teen Violent Death Rate = All homicides, suicides, and other firearm-related deaths, per 100,000 15- to 19-year-olds in population.

Figure 12
Change in Teen Violent Death Rate, 10 Largest Counties, Colorado: 1990-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section; Data Analysis: The Piton Foundation
Rate: per 100,000 teens

Trends in the teen violent death rate differ remarkably across Colorado. *(Figure 12 and Table 5)*

Adolescents As Homicide Victims: Rate Triples in 12 Years

In 1980, the rate of juveniles as homicide victims was 4.1 per 100,000 youth, ages 15 to 19. In 1991, the rate was 11.8. By 1992, the original figure had tripled to 12.1. The 1992 rate of juvenile homicide victims was highest for youth ages 18 and 19 (13.2 per 100,000 youth of that age).

Rising Rate of Colorado Teen Suicide Victims

In 1992, one in ten Colorado suicides was an adolescent. Suicide is a leading cause of death for adolescents in both Colorado and the United States.

Colorado's 1992 adolescent suicide rate was 11.8 per 100,000 teens, ages 10 to 19. The Decade of the Child Goal is no more than 3.5 per 100,000 youth. All teens, regardless of age, are vulnerable. *(Figure 13, right)*

- Although suicide is rare among young teens, ages 10 to 14, the rate of suicides for this age group has tripled since 1982, rising from 1.3 to 6.2.
- The 1992 suicide rate for older teens, ages 15 to 19, was 17.4, up from 10.8 in 1990 and higher than the national rate.
- The 1992 rate for Colorado's adolescent boys has improved slightly. In 1992, white males, ages 15 to 17, had the highest suicide rate of all teens.

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The rapid physical and emotional confusion of adolescence places teens at a higher risk of suicide than other age groups. High incidents of teen suicide reflect high levels of teen stress and inadequacies in their support systems. Depression; a sense of failure, humiliation, or isolation; drug or alcohol abuse; unresolved family conflict; physical or sexual abuse; and impulsive behavior are other risk factors for adolescent suicide. Adolescents are among those least likely to have access to, or be willing to use mental health care.

- Suicidal behavior in adolescents correlates positively with several other risks. Firearms, drugs, and alcohol, often in combination, are frequently associated with teen suicide.
- Researchers have found an increased rate of suicides committed by gay and lesbian youth.

Researchers estimate that a completed teen suicide is the tip of the iceberg. Many more teens contemplate, plan, and/or attempt suicide.

- 16% of boys and 27% of girls in public school reported seriously considering suicide during 1992. Of these students, 88% had gone as far as to make actual plans. Of the students who had planned suicide, almost half (47.1%) had actually attempted it.
- DYS youth were even more vulnerable. Half of the girls and 26.3% of the boys had considered suicide in 1992. Almost 8% of the boys and 15% of the girls required medical attention for attempted suicides.[31]

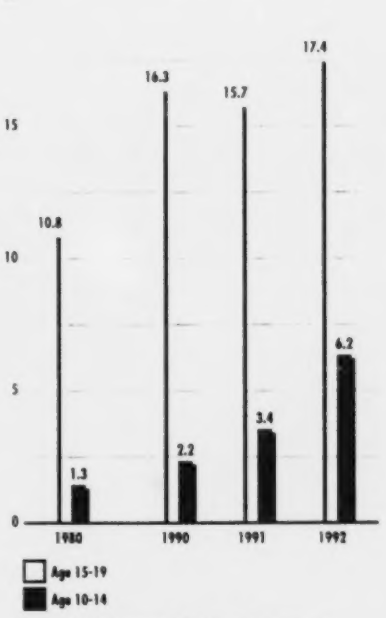
Adolescent Suicide Is Often Underreported.

Suicide often carries a social stigma causing doctors to report it as accidental death. Given adolescent predilections to take chances, many suicides go undetected and may be reported as accidental deaths.

$$ Costs of Suicide

Failed suicide attempts often result in increased levels of emotional stress for individuals, families, and friends, as well as serious physical impairments. In 1991, the average cost of treating a suicidal adolescent ranged between $25,000 and $54,000.[32]

Figure 13
Rate of Adolescent Suicide by Age, Colorado: 1982-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section; Data Analysis: The Piton Foundation
Rate = Suicide per 1,000 teens in age group.

REAL TEENS, REAL STORIES

Starr is 17 and at a youth center. A victim of sexual abuse since she was 10, Starr was sent to the center because she had run away from three foster homes. She has four suicide attempts on record.

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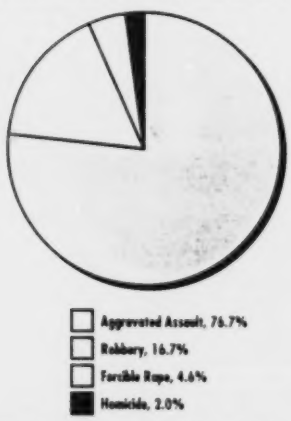
REAL TEENS, REAL STORIES

I love my gun. I just like touching it and holding it and pulling back the firing pin and pretending I'm going to shoot somebody.

STEVE, AGE 17,
The Rocky Mountain News, 5/23/93

Figure 14
Adolescent Arrests for Violent Crimes, Colorado: 1993



Source: Colorado Department of Public Safety, Bureau of Investigation
Rate: per 1,000 adolescents ages 10-17

WEAPONS

Colorado's rate of firearm-related deaths for teens, ages 15 to 19, stabilized between 1991 and 1992 after almost doubling since 1980. The rate of firearm deaths for males, ages 15 to 19, dropped slightly.

However, the combination of guns and adolescents still is a violent story.

- In 1992, 17.8% of all deaths to younger teens, ages 10 to 14, were firearm-related, up from 12.3% in 1991.
- 27% of the deaths to older teens, ages 15 to 19, were firearm-related.
- 31.8% of the deaths of 15- to 19-year-old boys were firearm-related.

Teens Carrying Weapons: Guns Are the Top Pick

According to the 1993 YRBS, 36.5 percent of boys reported carrying a weapon. Twenty-one percent of the boys who reported carrying a weapon said they did it on school property. 12 percent of boys reported carrying a gun within a month of the survey, because they "thought they might need it." This is a significant increase from the 5 percent of boys who reported carrying guns in 1990.

- Boys in tenth and eleventh grade were twice as likely to carry a weapon (40.3%) as boys in twelfth grade (20.8%).
- During the 1992-93 school year, Denver Public Schools reported 408 suspensions for weapons policy infractions.

Fifty-nine percent of DYS youth reported carrying a weapon within the month prior to commitment to a DYS custody. Thirty-eight percent of these youth reported that a gun was the weapon of most usually carried.[33]

Cost of Firearm-Related Incidents

Besides the tragic loss of life and personal anguish to families, adolescent firearm-related injuries and deaths cost Colorado millions of dollars.

- Over half (54%) of all hospitalized violence victims in Colorado in 1993 had no health insurance. Government programs such as Medicaid insured approximately 20% of the victims.
- The average hospital-only cost (1991) of a gunshot injury was between $10,000 and $14,500—about the same cost as tuition, room, and board for one year at a private college.
- The average per person cost of a firearm fatality is $373,000 per death.[34] In Colorado in 1992, there were 63 adolescent firearm-related deaths. 63 x $373,000 = $23,499,000.

TEENS AND CRIME

The juvenile arrest rate helps to measure dysfunctional behavior in adolescents. Arrests for violent crime suggest more severe dysfunction.[35]

Look at the juvenile violent crime arrest rate with several caveats.[36]

- Changes in the overall arrest rate often reflect changes in police activity or public policy. However, such policy shifts are less likely to affect arrests for violent crimes.
- The number of juveniles arrested for violent crimes is very small compared with the general adolescent population. In 1992, there were 377,504 juveniles ages 10 to 17 in Colorado, and there were 1,815 juvenile arrests for violent crimes.

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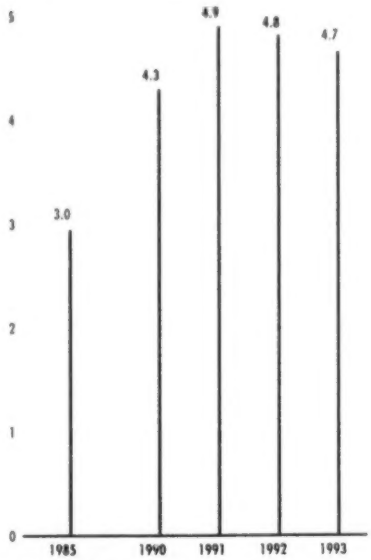
- Juveniles arrested for violent crimes made up only 3.4% of all Colorado's juvenile arrests in 1992. Most of those arrests were for aggravated assault. *(Figure 14, left)*
- More juveniles are victims of violence than are perpetrators of it. Nationally, one out of every 13 juveniles (ages 12 to 17) was a victim of a violent crime, as compared to one out of every 72 adults (>age 35). Teens are also the age group least likely to report being crime victims.[17]

The Juvenile Violent Arrest Rate Is Stabilizing but Violence Is Increasing

Colorado's rate of juvenile violent crime arrests has decreased very slightly since its 1991 high point of 4.9 per 1,000 teens, ages 10 to 17, to 4.7 in 1993. *(Figure 15)*

While this rate may be declining, there are disturbing trends. The potential for violence is spreading through increasing numbers of more violent types of crimes. *(Table 6 and Figure 16)*

Figure 15
Rate of Juvenile Violent Crime Arrests, Colorado: *1985-1993



Source: Colorado Department of Public Safety, Bureau of Investigation. Adolescents age 10-19
Data Analysis: The Piton Foundation *1985 = 3 year average 1984-85-86
Rate: per 1,000 adolescents ages 10-19

Table 6
Number of Arrests of Adolescents for Selected Crimes, Colorado: 1982-1992

	1990#	1991#	1992#	1993#	1990-93 Percent Change
Homicide	22	26	24	37	68.1
Forcible Rape	96	93	74	84	-12.5
Robbery	234	256	320	302	28.2
Aggravated Assault	1204	1448	1416	1390	15.4
Violent Crimes	1556	1834	1833	1813	16.6
Weapons	806	975	1142	1226	52.1

Source: Colorado Department of Public Safety, Bureau of Investigation
Analysis: The Piton Foundation

REAL TEENS, REAL STORIES

Guns have been part of my life since I was 12 years old.....Since then, four of my friends have been shot and killed on the streets....It was a terrible thing, terrible to see someone you know, someone who used to make you laugh, lying there, dying right in front of you. This isn't like televisions. This is real.

ALICIA BROWN, AGE 14,
The New York Times, 2/4/94, p.A7

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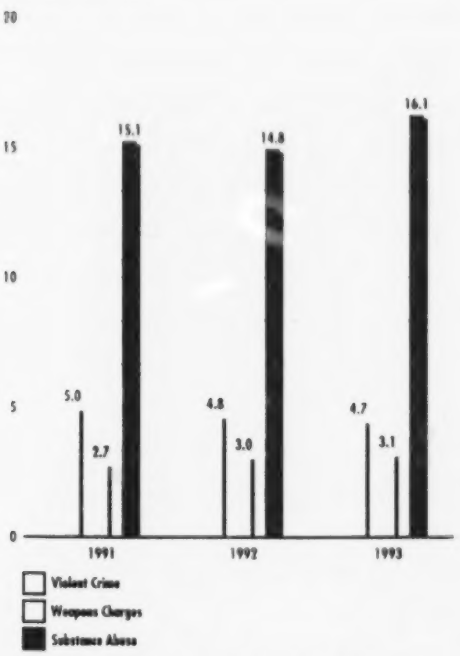
DID YOU KNOW?

$5 Cost

In fiscal year 1993-94, it cost Colorado an average of $154.68 per day or $56,458 per year for each juvenile in an intensive secure detention facility such as Lookout Mountain.

Figure 16
Rate of Juvenile Arrests for Selected Crimes, Ages 10-17, Colorado: 1990-1992



Source: Colorado Department of Public Safety, Bureau of Investigation
Analysis: The Piton Foundation
Rate: per 1,000 teens

According to the Center for the Study and Prevention of Violence at the University of Colorado, "the share of juvenile crime that is violent has gone up—making juvenile crime not more common, but more lethal."[38] Researchers hypothesize that 1990's average teen violent crime arrest escalated to even more violent behavior in 1993, such as robbery with homicide.

Adolescents Committing Homicides

Gang-related homicide has increased in Colorado over the last ten years, following national trends. However, gang-related homicide is not solely to blame for increased adolescent homicide. Gang-related homicide accounted for only one-quarter of homicides by 15- to 19-year-olds in 1991.[39]

Between 1984 and 1990, adolescents were responsible for an increasing percent of Colorado's homicides, although the trend from 1990 to 1993 declined. *(Figure 17, right)* However, notwithstanding this decline, in 1991 and 1993, juveniles 15 to 19 accounted for a greater concentration of homicides than any other age group.[40]

Remember that the principal training ground for violence remains the family. The family is the first place children typically learn violence, and some studies show that kids who are most vulnerable to other forms of violence — on the street, on television — are kids who have a history of family violence.

PROFESSOR JAMES GARBARINO, *international expert on violence and children* [41]

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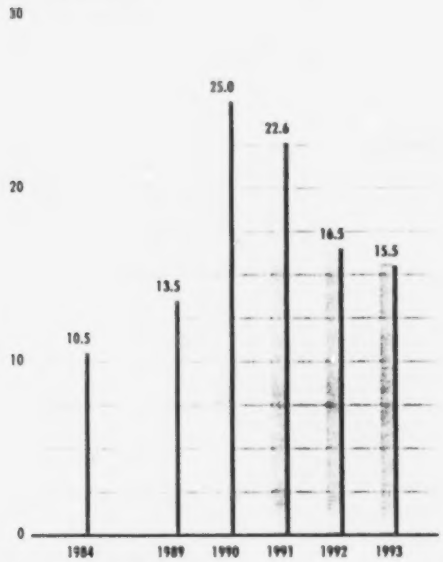
Youth Offenders

Youth are either committed to the Division of Youth Services by the judicial system or temporarily detained after arrest, pending court hearings or orders. DYS may commit youth to community settings such as specialized residential treatment, day treatment, nonresidential services, electronic monitoring, and supervised work programs; institutions; or secure detention facilities, depending upon the offense committed. DYS has reported serious overcrowding at its institutions and detention centers since 1990.

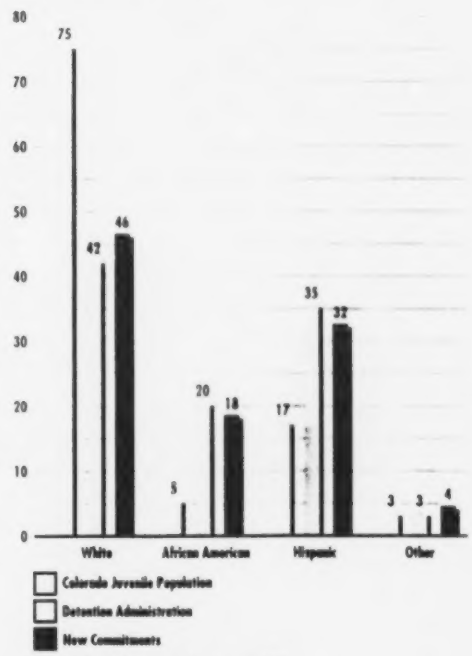
- Committed youth are primarily male and have been getting younger. The average age in 1989-90 was 16.3. By 1992-93, the average age had dropped to 15.6.
- African American and Hispanic youth are overrepresented in the DYS commitment and detention populations as compared to their respective share of the juvenile population. *(Figure 18)* African American youth also have longer average stays in DYS facilities than do white youth.
- More youth are being committed for mandatory placements due to the violent nature of the crimes or surrounding circumstances.

Figure 17
Percent of Total Homicides Committed by Adolescents, Ages 10-19, Colorado: 1984-1993



Source: Colorado Department of Public Safety
Analysis: The Piton Foundation

Figure 18
Percent of Ethnicity Comparisons, Detention Administration & New Commitments, 1992-93



Source: Colorado Department of Institutions, 1993
1992 Colorado Juvenile Population, 10-17 Years

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DID YOU KNOW?

Only 47% of Colorado's public schools identify mathematics as a priority.

EDUCATION

In 1994, the Corporation for Enterprise Development gave "A" grades to Colorado in economic performance, business vitality, and development capacity. On paper, Colorado's education performance, vitality, and capacity look equally rosy. Our students consistently have higher test scores on standardized tests than national averages. Our high school students successfully complete advanced placement courses in higher-than-average numbers.

But—scratch this shiny surface. How will Colorado maintain this extraordinary level of achievement when:

- Nearly 35 students, grades 7-12, drop out of school every day.
- Only 26% of eighth graders received "proficient" scores on the National Assessment of Educational Progress (NAEP) math test, as compared to their peers in Taiwan (41%), Korea (37%), or Switzerland (33%).
- Only 61% of high school students in a Talmey-Drake survey could compute the area of a 10' x 10' room; only 50% could compute a 5% tax on two dollars.[42]
- Only 22% of public high school students take physics; fewer than 10% take calculus.[43]

THE THREE R'S IN COLORADO

Reading

- 55% of Colorado's fourth graders do not have basic proficiency in elementary reading skills, compared to 43% nationally. (Basic proficiency requires partial mastery of the skills and knowledge needed for proficient grade level work.)
- Children of color in Colorado score higher than national averages. However, Hispanic, African American, and American Indian children have lower average scores than do white non-Hispanic and Asian students.[44]

Writing

Seventy-one percent of Colorado's tenth graders and 41 percent of seventh graders had "acceptable" or "excellent" scores for descriptive writing on the NAEP Writing Report Card. Only 34 percent of the tenth graders tested could write a persuasive argument acceptably.[45]

REAL TEENS, REAL STORIES

Jennie, 18 and proudly Hispanic, graduated near the top of her class from high school. This year she's going to college on a full scholarship—the first one in her family to go to college. "It takes a lot of effort and struggle and time....You have to want to go to school and you have to want to succeed and you have to want to do well."

THE ROCKY MOUNTAIN NEWS,
5/1/94

'Rithmetic

Colorado eighth graders consistently do better than their national peers despite differences in location of school, gender, race or ethnicity. However, 58 percent could correctly answer math questions on the 1992 NAEP mathematics test such as:

Raymond's Report[46]

Raymond must buy enough paper to print 28 copies of a report that contains 64 sheets of paper. Paper is only available in packages of 500 sheets. How many whole packages of paper will he need to buy to do the printing?

On "extended problem-solving/show all work" problems on the 1992 Math NAEP, only 11 percent of Colorado eighth graders received "satisfactory" or "better" scores on questions such as:

Treena's Budget[47]

This question requires you to show your work and explain your reasoning. You may use drawings, words, and numbers in your explanation. Your answer should be clear enough so that another person could read it and understand your thinking. It is important that you show all your work. (Calculator use permitted)

Treena won a 7-day scholarship worth $1,000 to the Pro Shot Basketball Camp. Round trip travel expenses to the camp are $335 by air or $125 by train. At the camp she must choose between a week of individual instruction at $60 per day or a week of group instruction at $40 per day. Treena's food and other expenses are fixed at $45 per day. If she does not plan to spend any money other than the scholarship, what are all choices of travel and instruction plans that she could afford to make?

REAL TEENS, REAL STORIES

I'm confident about my long term goals right now. I know that when I am older I want to be in profession that lets me work with numbers. I would like to be a business accountant or a stock broker.

I know what I need to do. I need to go to college, major in business, and graduate with a high grade point average.

DEANNA

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Answer:
Raymond's Report: The correct answer is 4
Treena's Budget: Any full credit response must clearly communicate that Treena has three options that do not exceed $1,000. what the options are and how the student arrived at the three options.

Table 6
Colorado ACT and SAT Average Scores, Class of 1990-Class of 1994

	CLASS OF 1990		CLASS OF 1991		CLASS OF 1992		CLASS OF 1993		CLASS OF 1994	
	ACT	SAT	ACT	SAT	ACT	SAT	ACT	SAT	ACT	SAT
National	20.6	900	20.6	896	20.6	899	20.7	902	20.8	902
COLORADO	21.4	969	21.3	959	21.3	960	21.3	963	21.4	969
Core			22.7		22.6		22.6		22.6	
Noncore			19.6		19.7		19.6		19.8	

(ACT: Highest Possible Score = 36. SAT: Highest Possible Score = 1200)
Source: Colorado Department of Education

Table 7
High School Graduation Rate by Gender and by Race and Ethnicity, Colorado: 1991-1993

	1991 GRADUATION RATE	1992 GRADUATION RATE	1993 GRADUATION RATE
TOTAL	79.8	79.9	79.9
Males	76.8	78.0	77.7
Females	81.2	81.9	82.2
White	82.4	83.7	84.0
Hispanic	65.7	65.9	65.8
African American	69.7	69.9	68.8
Asian American	84.2	83.1	81.7
Native American	53.6	59.7	52.9

Source: Colorado Department of Education

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HIGH SCHOOL

College-Bound Students

Test scores on standardized tests such as ACT and SAT are general predictors of student performance in college. About two-thirds of Colorado college-bound seniors take the ACT test.

- Colorado ACT and SAT scores for the class of 1993 are higher than they have been since the class of 1989, but still lower than their highest point in the mid-1980s.
- The gap between the average scores on both the SAT and ACT for students of different racial and ethnic groups has widened over the last five years.
- Students who take a "core" curriculum have higher ACT scores, regardless of gender, race or ethnicity. A "core" curriculum is three years each of math, social studies, and science, and four years of English.
- Girls have significantly lower scores on math and science portions of the SAT and ACT than do boys. *(Table 6)*

Graduating

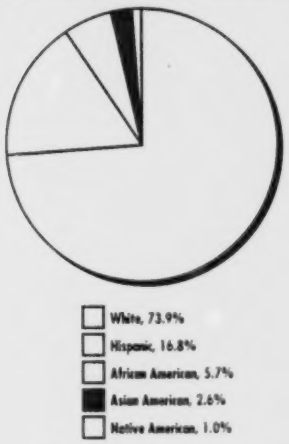
The high school graduation rate is a portent of future social and economic potential. The Decade of the Child goal is 90 percent graduation rate with all racial groups accounting for the increase. The high school graduation rate for the 1992-93 school year was 79.9. The rate has been stable since 1989. There was a significant discrepancy (24-30 points, plus or minus) in the distribution of the graduation rate across racial and ethnic groups. This gap shows little sign of shrinking. *(Table 7)*

Dropping Out

Dropping out of high school often has serious, long-term economic consequences. High school dropouts usually have limited opportunities to find and keep well-paying jobs.

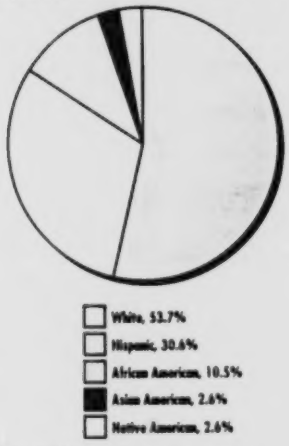
- The rate is now at its highest level for all racial and ethnic groups since 1985-86. Increases in the numbers of African American and Hispanic students who dropped out caused 53% of the increase from the class of 1991-92 to the class of 1992-93.
- The high school dropout rate increased in almost 40% of Colorado school districts in 1992-93.
- About the same number of girls and boys drop out of seventh and eighth grade. By ninth grade, dropouts were more likely to be boys than girls. The dropout rate for boys has been increasing since 1988. *(Figures 19 and 19a)*

Figure 19
Student Count by Race/Ethnicity, Colorado: 1993



Source: Colorado Department of Education

Figure 19a
Dropouts by Race/Ethnicity, Colorado: 1993



Source: Colorado Department of Education, 1993

School Failure Can Have Long-Term Risks

- Young teen girls with poor basic reading and math skills have a five times greater chance of becoming teen parents by age 16 than their peers who score in the top 50%. Young men with weak basic education skills in math and reading are three times more likely to become parents by age 20 compared to their peers with higher basic education skills.[48]
- Families headed by high school dropouts are more likely to have incomes below the federal poverty level than are families headed by parents who have completed high school.
- Teens involved in violent acts and criminal activity often have histories of early school failure.

REAL TEENS, REAL STORIES

My name is Javier....When I go to college I want to study to be a counselor or a social worker. The reason I want to be that is because I think my community has given me a lot and so this is another way of giving back. I really think if someone gives you something then you should give back.

JAVIER

I know what the odds are. You can show kids my file and the trouble I used to get into with the police and the referrals. If some one like me with a 2.2 grade point average can get into college and succeed, those other kids have no excuses.

GEORGE, AGE 19

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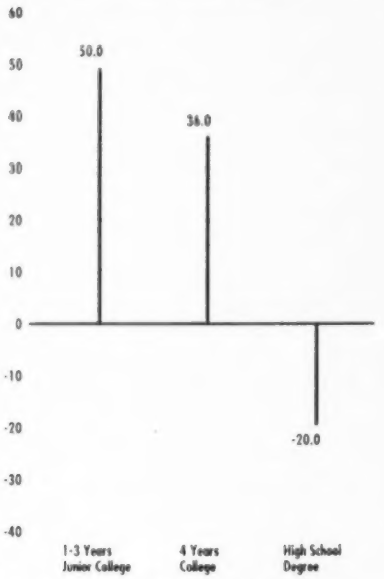
DID YOU KNOW?

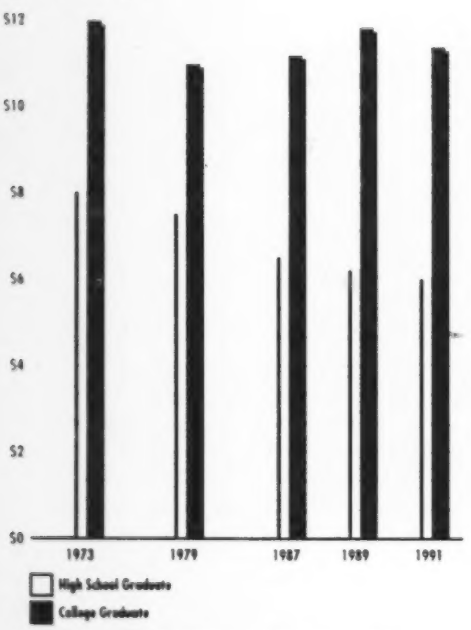
The Children's Defense Fund reports that an American middle-income family can expect to spend about $7,400 per year or nearly $133,000 to raise a child to age 18.

Figure 20
Year 2000 Job Market Requirements: Percent Change in Expected Education Requirements, 1990-2000



Above 0 means increasing need. Below 0 means decreasing need.
Source: Colorado Commission on Higher Education. 1993. "Reality Check." Agenda 21

Figure 21
How a Diploma Pays Off



Source: The State of Working in America. 1992-93. Economic Policy Institute.
Average entry-level wages for high school and college graduates over time, adjusted for inflation. Latest available comparable data.

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The Emerging "Skills Gap"

Colorado employers warn of an emerging "skills gap"—an increasing number of workers with insufficient skills in effective reading and writing, problem solving, and computer literacy.[49] The Colorado Department of Labor forecasts job growth dominated by professional and service occupations, such as nurses, systems analysts, teachers, and computer programmers—jobs that require just these skills. Jobs such as laborers and waiters will have the least growth. *(Figure 20)*[50]

The Job Market Is Changing in Other Ways

- The jobs that are being created often offer lower wages, without comprehensive health benefits, and fewer promotion opportunities or promises of job security.
- Since 1980, gains in income, especially for males, have become more closely associated with educational achievement.
- Average wages have fallen about 5%, adjusted for inflation, since 1980. Weekly median earnings for young workers (ages 20-24) dropped from $215 in 1989 to $199 in 1993. Wages for both college grads and high school grads have dropped over the last decade.[51] *(Figure 21)*

The bottom line is that well-paying jobs, sufficient to support a family, will go to those best educated and best prepared for them. Will Colorado adolescents be able to meet that challenge?

NOTES & REFERENCES

1. "Teenage" behavior doesn't necessarily start at 13. All kids mature differently. Most of the data presented falls within the 10-19 age span, although agencies often use differing age breakdowns.

2. Advisory Council on Adolescent Health. *Adolescent Health in Colorado: 1992*. (Denver: Colorado Department of Education and Colorado Department of Health, 1992), p.5.

3. Colorado Department of Education. *Results of the Colorado Youth Risk Behavior Survey: 1989, 1990 & 1993*. (Denver: Colorado Department of Education, 1989, 1990, 1993). The Colorado Department of Education, in cooperation with the U. S. Centers for Disease Control and Prevention, administered the Youth Risk Behavior Survey (YRBS) in 1990 and 1993 to a randomly selected sample of public school students, grades 9 through 12 across Colorado, excluding Denver Public Schools. The data in the 1990 YRBS report was weighted and is statistically representative for all ninth, tenth, eleventh, and twelfth grade public schools in Colorado. The data in the 1993 report is not statistically representative of all Colorado students in grades 9-12 It is nonetheless valuable because it provides important descriptions of the health behaviors of the participants.

In 1990 and 1992 the Colorado Department of Education administered a version of the YRBS (OOS-YRBS) adapted to "out of school" youth in Residential Care Facilities and Division of Youth Services facilities, hereinafter "DYS youth." These adolescents are "at considerable risk of engaging in behaviors associated with violent crimes, suicide, sexual activity, and substance abuse—all behaviors associated with some of the major mortalities and morbidities of adolescents...."

4. Talmey-Drake Research & Strategy, Inc., Survey of Colorado High School Students, (Denver: November, 1993).

5. Office of the Inspector General. *Youth and Alcohol: A National Survey: Drinking Habits, Access, Attitudes and Knowledge*. (OEI-09-91-00006521). (Washington, DC: U.S. Department of Health & Human Services, 1991).

6. Public Health Service. *Executive Summary on Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. (Washington, DC: U.S. Department of Health & Human Services, 1994).

7. OOS-YRBS 1992.

8. "Monitoring the Future" (study of 51,000 high school students nationwide), National Institute of Drug Abuse, U.S. Department of Health & Human Services.

9. CRS 42-4-1402, 18-18-111. The YRBS did not ask specific questions about inhalants.

10. By September 1, 1994, a "tobacco-free school law" will be in effect. The law requires school districts to adopt policies prohibiting the use of all tobacco products on school grounds by students, faculty, staff, and visitors.

11. Alan Guttmacher Institute, *Sex and America's Teenagers*. (New York: Author, 1994).

12. Note: the age of consent in Colorado is 15.

13. *YRBS OVERVIEW: 1990 Youth Risk Behavior Survey Category, Sexual Behaviors*. (Denver: Colorado Department of Education, 1993).

14. Colorado Department of Health. *Sexually Transmitted Diseases in Colorado, Surveillance Report 1993*. (Denver: Division of Disease Control and Environmental Epidemiology, Colorado Department of Health (March, 1994).

15. Colorado Department of Health. *HIV and AIDS in Colorado: Monitoring the Epidemic*. (Denver: Division of Disease Control and Environmental Epidemiology, Colorado Department of Health, 1994).

16. See note 11

17. Office of Child Support Enforcement, *Recipient Profile: Colorado Aid to Families with Dependent Children*, CDHS, Working Draft Document, (Denver: Colorado Department of Human Services, April 1, 1994).

18. Colorado Hospital Association, "Issue: The Cost of Violence," Hospitals for Healthy Communities, 1:1, (Denver: February, 1994).

19. Primary medical care includes checkups, diagnosis and treatment of minor acute illness or injury, management of chronic conditions such as asthma or diabetes, preventive dental care, and laboratory tests.

20. Mental health includes mental health assessments, individual or family counseling, violence prevention and intervention services, and substance abuse assessment and treatment.

21. Franklin James, *Homelessness Among Youth on Their Own is a Serious Problem in Colorado*. (Denver: Graduate School of Public Affairs, University of Colorado at Denver, 1992).

22. See n.2

23. "Related" covers relation by blood, marriage, or adoption.

24. "Known, but not related" includes boy/girlfriend of parent, neighbor, and friends.

25. American Humane Association, "Abuse and neglect: The long term effects," *Child Protection Leader*, Fact Sheet, (Denver: March, 1994).

26. Donna M. Garnett, in McCart, L., ed., *Kids and Violence*, (Washington, DC: National Governors Association, 1994).

27. Bill Briggs, "A Legacy of Abuse;" "Child-treatment Centers Battle Funding Shortfall," *Denver Post*, 15 June 1993, pp. B1, B2.

28. Bruce Mendelsohn, *The Alcohol and Drug Problem in Colorado: Characteristics and Trends from 1980 to 1992*, (Denver: Alcohol and Drug Division, Colorado Department of Health, 1993).

29. Children's Safety Network, *A Data Book of Child and Adolescent Injury*, (Washington, DC: National Center for Education in Maternal and Child Health, 1991).

30. Colorado Action for Healthy People, "Mountain Communities Survey Youth About Driving Practices, Drinking," *Exchange*, August, 1994, (Denver: Colorado Department of Health, 1994).

31. 1992 OOS-YRBS.

32. Northwest Life Insurance, Press Release, March 29, 1993.

33. Children's Safety Network, "Firearm Facts: Preventing Child and Adolescent Firearm Injuries," Washington, DC: National Center for Education in Maternal and Child Health, June 1993.

34. Violent crime includes homicide (murder and non-negligent manslaughter), forcible rape, robbery, and aggravated assault. The rate measures the number of incidents; a teen may be arrested more than once during the year.

35. All of Aurora's arrests are included in the totals for Adams County. If Aurora's juvenile arrests were prorated between Adams and Arapahoe counties, the juvenile violent crime arrest rate in Adams County would be much lower, and that of Arapahoe County would be much higher.

36. Michael Jones and Barry Krisberg, *Images and Reality: Juvenile Crime, Youth Violence and Public Policy*, (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 1994).

37. There are indications that rates may still be declining. Arrests of juveniles for violent crimes in Denver during the first half of 1994 were slightly lower than for the same time period in 1993. However, arrests for robbery increased and the number of rape arrests more than doubled.

38. Delbert Elliot, *Violence in Colorado 1976-1991: A Focus on Homicide*, (Denver: Center for the Study and Prevention of Violence, University of Colorado and Colorado Department of Health, 1993), p.5.

39. Ibid.

40. Ibid.

41. Quote from a speech delivered at the June 1994 Casey Journalism Center for Children and Families conference, entitled "Violence and the Young," University of Maryland at College Park.

42. See n.4.

43. National Education Goals Panel, *The National Education Goals Report: Building a Nation of Learners*, vol. 2, (Washington, DC: National Governors Association, 1994), p.22.

44. National Center for Education Statistics, *Executive Summary of the NAEP 1992 Reading Report Card*, Report No. 23-ST08, (Washington, DC: U.S. Department of Education, 1993).

45. National Center for Education Statistics, *NAEP 1992 Writing Report Card*, Report No. 23-W01, (Washington, DC: U.S. Department of Education, 1994).

46. See n.43.

47. National Center for Education Statistics, *Can Students Do Mathematical Problem Solving? Results from Constructed Response Questions in NAEP's 1992 Mathematics Assessment*, Example 17, (Washington, DC: U.S. Department of Education, 1993), p.75. The correct answer is 4.

48. Id., "Treena's Budget," p.116. "Any full credit response must clearly communicate that Treena has three options that do not exceed $1,000, what the options are, and how the student arrived at the three options."

49. Suzanne Weiss, *Reality Check: A Big Picture Look at Public Education in Colorado*, (Denver: Agenda 21, 1993).

50. Commission on Work, Family and Citizenship, *The Forgotten Half: Non-college Youth in America*, (Washington, DC: Youth and America's Future: The William T. Grant Foundation, 1988).

51. Tamar Lewin, "Low Pay and Closed Doors Greet Young in Job Market," *New York Times*, 10 March 1994, pp. A1, 12.

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Society has to provide the opportunities for children to learn and succeed. but individuals have to make sure that the children see the opportunities and are able to act on them.... Despair and hopelessness of these unguided young ones are an incubator for the crime we all dread.

WILLIAM RASPBERRY,
The Washington Post, 2/13/94

In 1990, a Children's Defense Fund report listed Colorado among the worst states for its investment in children. In response, the Colorado Children's Campaign declared the 1990s to be the Decade of the Child. The Campaign organized a ten-year initiative to make Colorado the most "child-friendly" state in the country. The Colorado Children's Campaign formed a coalition of over 750 businesses, community action groups, child service providers, and government agencies. That coalition established goals for the health and well-being of Colorado's children. We are just now beginning to see the fruits of these efforts.

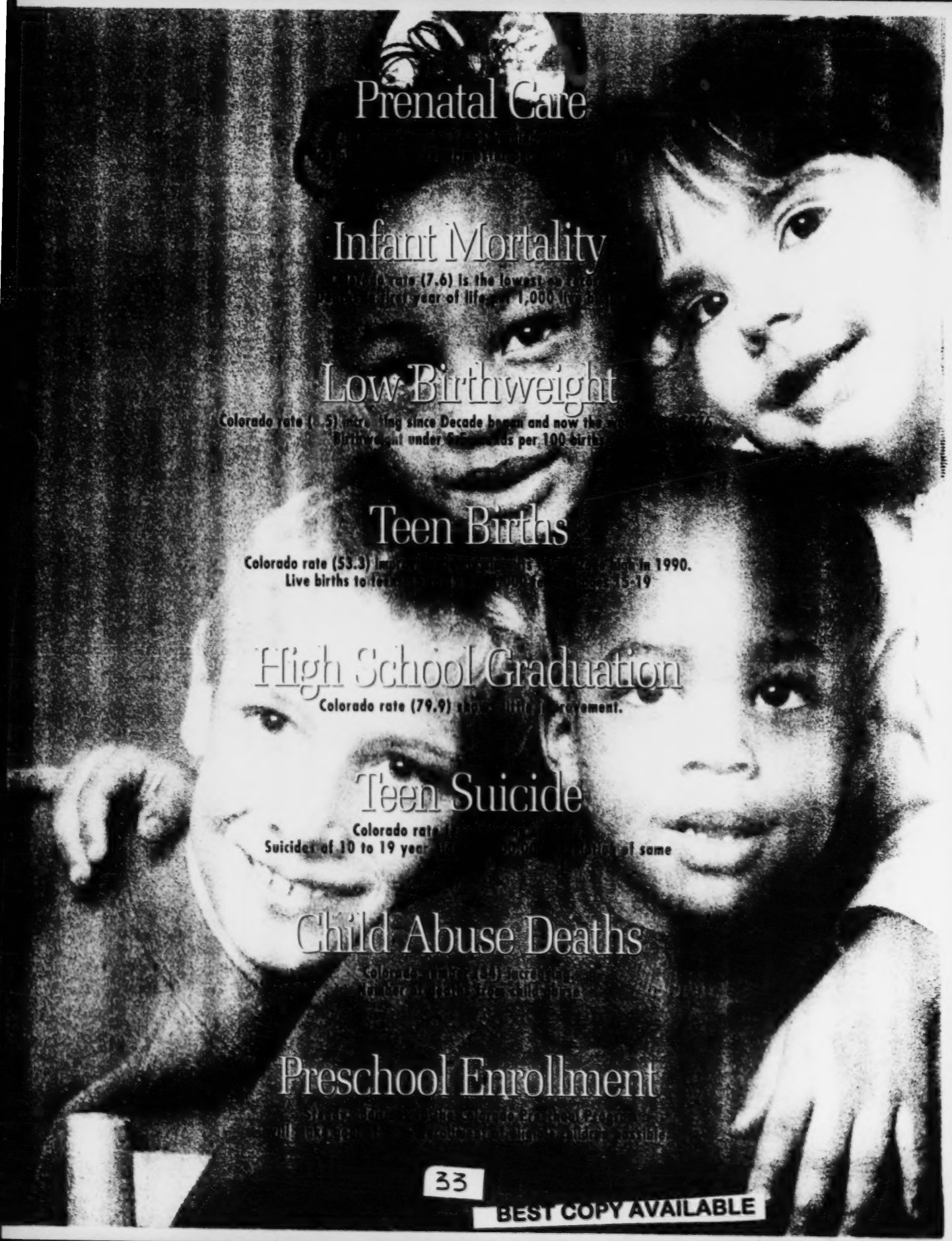
Judging from the continued improvements in infant mortality, Colorado will reach its Year 2000 goal. Data from 1992 also showed some improvement statewide in the rates of early prenatal care and teen births.

Notwithstanding this good news, Colorado's performance on other indicators revealed relatively slow movement toward the goals or no improvement at all. For example, the state's 1992 low birthweight rate was at its worst point since 1976.

Looking at the state's performance does not give the whole picture. Progress towards the Goals for the Year 2000 begins at the county level, and we are beginning to see real headway there. Many counties are making continuous progress towards meeting the goals. We can see steady improvement in some of the counties that performed poorly in the past. More counties in 1992 met the Year 200 Goals for prenatal care and high school graduation than did when the Colorado Children's Campaign began the Decade of the Child.

A word of caution: simply looking at an indicator's rates masks the inequities resulting from poor performance on an indicator. Poor women and children, young children, and children of color are often disproportionately affected by high rates of child poverty, infant mortality, teen birth, child abuse, teen violence, and school failure.

Establishing and tracking the Decade goals is more than an academic exercise. Through the goals process, the Children's Campaign has built a strong foundation around the state for children's issues at both state and local levels. In 1991, the Colorado General Assembly resolved to support the Decade of the Child: Goals for the Year 2000 and to use them when appropriate as guidelines for state policies on children. Communities all over Colorado are using these goals as benchmarks for healthy children and families. Presentation of county data tied to desired outcomes for children has been a linchpin in local efforts to identify and tackle some of the most pressing needs facing Colorado's children and families.



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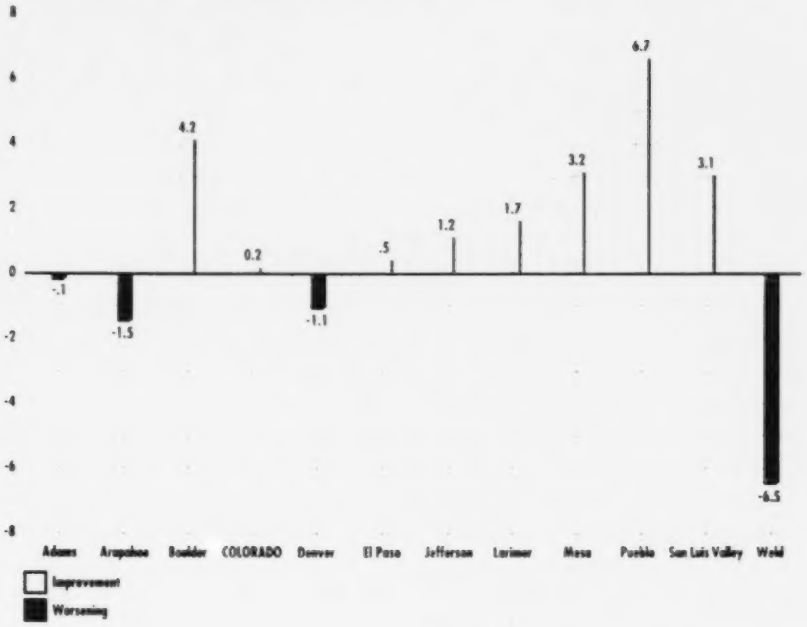
EARLY PRENATAL CARE

DECADE OF THE CHILD GOAL

90 percent of women will begin prenatal care in the first trimester.

Trends in Early Prenatal Care, Selected Regions in Colorado: 1988-1992



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Early, high-quality prenatal health care reduces the chances of a low birthweight baby and of long, repeated, expensive hospitalizations and follow-up care. Women receiving late or inadequate prenatal care are three times more likely to have a low birthweight baby (under 5.5 pounds). Young women of color are the least likely of all women to receive adequate prenatal care.

- Since 1988, the rate of early prenatal care in the first trimester of pregnancy in Colorado has been holding steady. In 1992, the rate was 77.9—still below the Decade of the Child goal of 90%. However, by 1992, 34 counties had better early prenatal care rates than they had when the Decade of the Child began.
- Five counties (Clear Creek, Douglas, Gunnison, Mineral, and Washington) met the Decade goal in 1992. Douglas County has met the goal every year; Gunnison County has met the Decade goal in four of the last five years.
- Pueblo, where over 50% of the births were covered by Medicaid in 1991, showed dramatic improvement from 1990 to 1992. The prenatal care rate for the San Luis Valley has been improving steadily since 1989.
- The early prenatal care rate has steadily worsened in Weld County since the Decade of the Child began. Summit County has also seen a persistent worsening in its prenatal care rate, even though the rate has been greater than 80% since the Decade began. The early prenatal care rate in Eagle, Routt, and San Miguel counties has worsened for at least three years.

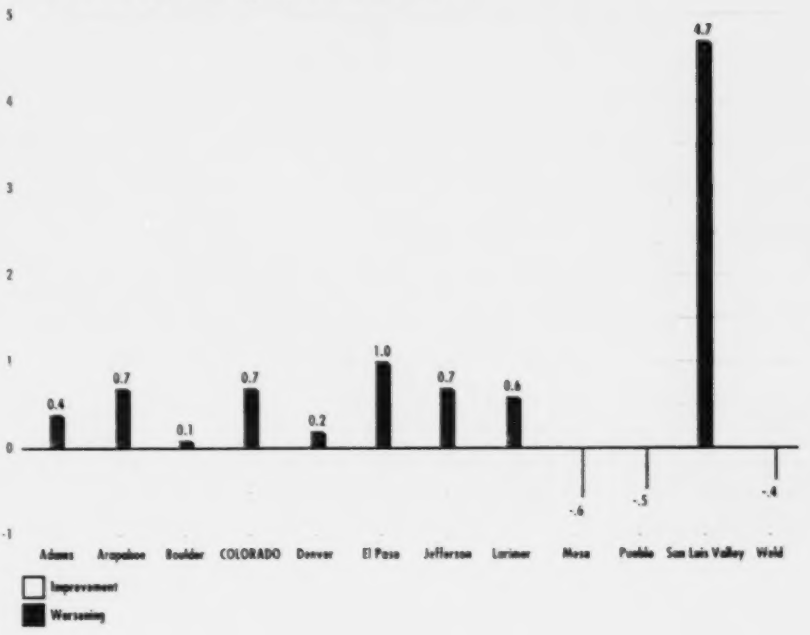
LOW WEIGHT BIRTHS

The less a baby weighs at birth, the greater the chance of death in the first year of life. The infant mortality rate for all low birthweight infants (<2,500 grams) is 55.2, compared to an infant mortality rate of 4.1 for infants born weighing 2,500-4,999 grams.

The initial hospital costs of caring for a low birthweight baby can be as much as five times the cost for a full weight baby. Low birthweight babies are only 7 percent of total births, but they comprise close to 57 percent of the medical costs associated with newborns! A low birthweight baby who survives is at significant risk of chronic illness, developmental disability, and future academic difficulty. Any of these conditions can require a lifetime of specialized care.

- Colorado's 1992 low birthweight rate (8.5%) was worse than any year since 1976. The Decade goal gets farther and farther away.
- Archuleta, Kit Carson, and Rio Blanco counties met the Decade goal in 1992. Elbert and Moffat counties were close to meeting the goal.
- The low birthweight rate has improved in fourteen counties since the beginning of the Decade of the Child. The rate in Weld and Pueblo counties shows steady improvement since the Decade began. In Grand, Larimer, and Prowers counties, the low birthweight rate has improved for the last three years. Denver, historically the region with the worst low birthweight rate, has been holding steady.
- The low birthweight rate has steadily worsened since 1988 in Sagauche and Huerfano counties and in the San Luis Valley. The rate has worsened for the last four years in Washington County, and for the last three years in fourteen other counties.

Trends in Low Birthweight, Selected Regions in Colorado: 1988-1992



DECADE OF THE CHILD GOAL

No more than 5 percent of births under 5.5 pounds.

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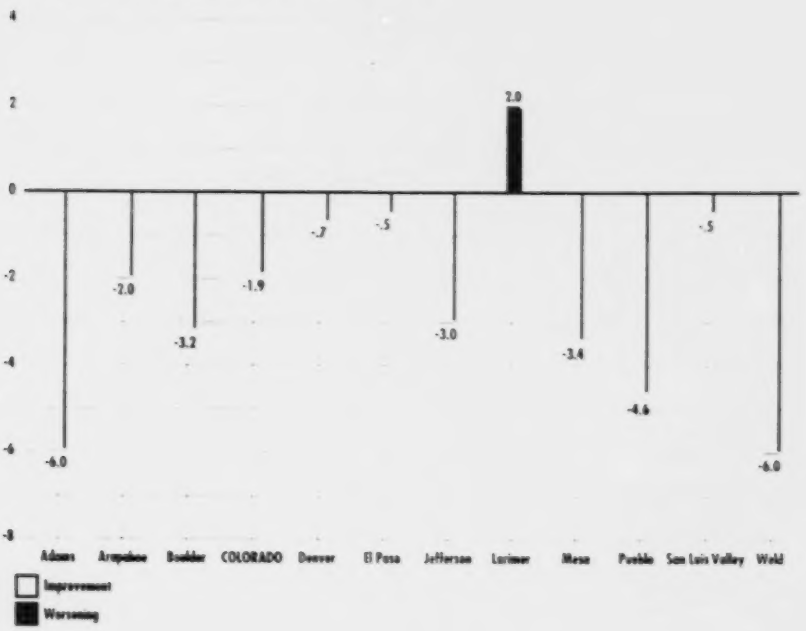
INFANT MORTALITY

The infant mortality rate (7.6) in Colorado is the lowest on record. Rate is the number of deaths within the first year of life per 1,000 live births.

- When the Decade began, of the ten largest counties in Colorado, only Larimer met the goal. In 1992, five counties met the Decade goal: Boulder, Douglas, Jefferson, Pueblo, and Weld. Boulder County has met the goal for the past four years; Douglas County has met the goal for three out of the last five years.
- The infant mortality rate improved since 1988 in all but five counties with five years of data. Weld County has cut its infant mortality rate in half since 1988.
- The infant mortality rate in Douglas, Fremont, La Plata, Larimer, and Summit counties is now worse than when the Decade of the Child began. The rate in La Plata and Larimer counties has been worsening for the last three years.

Trends in Infant Mortality, Selected Regions in Colorado: 1988-1992



DECADE OF THE CHILD GOAL

No more than 7 deaths in the first year per 1,000 live births.

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TEEN BIRTHS

Teen births carry social, emotional, and financial costs with extensive consequences. Teenagers are less likely to receive early prenatal care. They are more likely to have low birthweight babies or children with costly medical problems and they have a higher infant mortality rate than older mothers. Teenage mothers are more likely to drop out of school, thus depriving themselves of the education and skills necessary for self-sufficiency. Approximately 20 percent of Colorado adolescents who give birth already have at least one other child. Children born to teenage mothers, especially single mothers, are more likely to suffer the adverse effects of living in poverty. These children are more likely to perpetuate the cycle by becoming parents themselves at too early an age.

- Colorado's teen birth rate for girls, ages 15 to 19, has been improving slowly since its two-decade high in 1990. In 1992, the birth rate for teens was 53.3. However, the state is farther away from the Decade goal of 25 births per 1,000 than when the Decade began.
- Douglas, Elbert, Grand, Gunnison, Pitkin, and Rio Blanco counties met the Decade goal in 1992. Clear Creek and Teller counties were very close to meeting the goal.
- However, the birth rate for teens, ages 18 and 19, in Colorado has been falling, while the birth rate for younger women has been rising steadily since 1985. Of Colorado's ten largest counties, only Denver has experienced a steady decline in teen birth rates for girls, ages 15 to 17.
- The teen birth rate in Weld, Arapahoe, Douglas, Pueblo, and Eagle counties has been steadily rising since 1988. Douglas County's rate is particularly worrisome because the county has met the Decade goal since 1988.

DECADE OF THE CHILD GOAL

No more than 25 births per 1,000 women ages 15-19.

Trends in Teen Birth Rate, Girls 15-19, Selected Regions in Colorado: 1988-1992

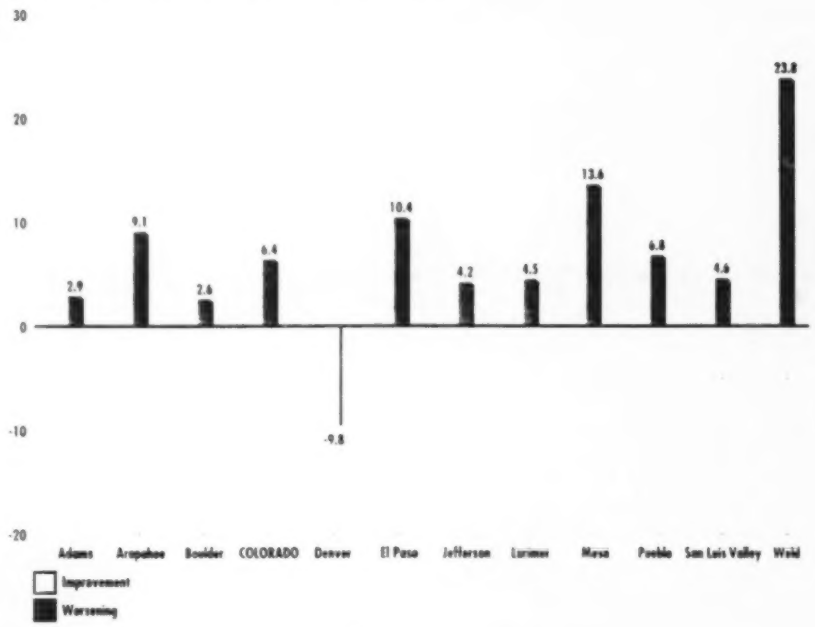

Table 2
Teen Birth Rates by Age of Teen, 10 Largest Counties: 1990-1992

COUNTY	AGE 10-14			AGE 15-17			AGE 18-19		
	90	91	92	90	91	92	90	91	92
COLORADO	8	9	1.0	32.8	35.7	37.4	82.8	77.5	71.8
Adams	1.3	1.4	1.5	48.2	51.2	49.1	112.4	134.5	120.7
Arapahoe	4	7	4	20.2	22.9	25.1	61.0	69.0	70.9
Boulder	2	6	8	14.7	24.8	25.3	46.4	31.1	29.5
Denver	2.0	2.7	2.9	73.2	65.5	64.2	125.7	111.5	93.1
El Paso	6	4	6	31.8	33.4	32.7	95.0	96.9	91.6
Jefferson	4	.4	6	18.2	19.0	20.1	57.2	51.9	47.5
Larimer	2	6	.7	16.5	29.6	26.7	48.1	37.3	30.6
Mesa	6	1.1	0	37.9	35.7	44.0	104.8	81.8	75.1
Pueblo	2.5	1.3	1.9	49.5	50.4	58.3	101.8	106.8	99.1
Weld	2.2	1.6	1.1	37.0	44.1	57.9	77.5	65.0	74.8

Source: Colorado Department of Health, Health Statistics Section. Data analysis, The Piton Foundation
Teen Birth Rate = Live births per 1,000 girls in age population.

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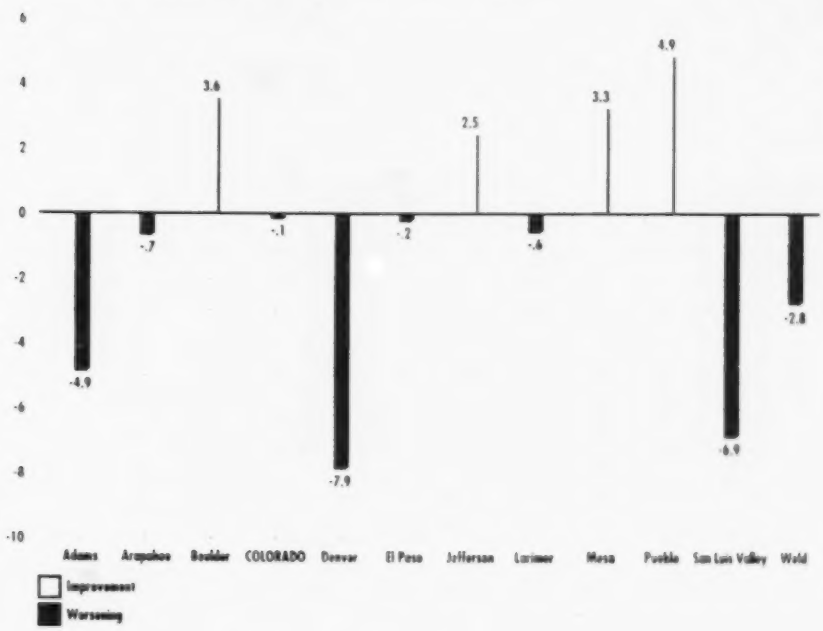
HIGH SCHOOL GRADUATION

The graduation rate is a portent of future social and economic potential. While the labor system in the past had the capacity to absorb youth who had not graduated from high school and pay wages sufficient to support a family, today's American workplace is not as elastic. Furthermore, as the technical knowledge and level of skills required for entry-level jobs increases, the economic gap between those with more schooling and those with less is likely to widen.

Trends in High School Graduation, Selected Regions in Colorado: Class of 1992-93



DECADE OF THE CHILD GOAL

90 percent graduation rate with all racial groups accounting for the increase.

- There was no improvement in Colorado's high school graduation rate between 1991-92 and 1992-93, and there has been little change since the Decade of the Child began. The high school graduation rate for the Class of '93 was worse in seven of Colorado's ten largest counties than for the Class of '90. Only Boulder, Jefferson, and Pueblo counties had higher graduation rates in 1992-93 than they did in 1989-90.
- The graduation rate has steadily improved in 12 counties. There are four years of improvement in Cheyenne, Garfield, Montrose, Otero, and Sedgwick counties and three years of improvement in Alamosa, Boulder, Dolores, Elbert, Phillips, Prowers, and Pueblo counties.
- There has been little or no improvement in the equal distribution of the graduation rate across racial and ethnic lines. Asian American students have the highest graduation rate, although the rate has been slowly declining for the past three years. The graduation rate for white students has been slowly increasing during that same period. The graduation rates for African American and Hispanic students have been fairly steady, but are still lower than the rates for Asian American and white students. Native American students still have the lowest high school graduation rate in Colorado.

SUMMARY

How do adolescents make a successful transition to being resourceful adult members of a productive community? A nurturing family; strong cultural, ethnic, or spiritual identity; the robust security of friends; supportive adults; and opportunities for work are essential elements.

This "community of caring" is what often makes the difference between:

- a 15-year-old dealing cocaine and a teen going to college
- a gang "wannabe" and a kid who helps a younger cousin stay out of trouble
- a girl who wants a baby so that someone will love her and a girl who wants to be an accountant.

Last year's KIDSCOUNT in COLORADO! quoted Winston Churchill's speech to the English House of Commons in the spring of 1936:

> *When the situation was manageable, it was neglected, and now that it is thoroughly out of hand, we apply too late the remedies which then might have effected a cure...want of foresight, unwillingness to act when action would be simple and effective, lack of clear thinking, confusion of counsel until the emergency comes, until self-preservation strikes its jarring gong—these are the features which constitute the endless repetition of history....*

It's not as though we don't know the solutions. Philosophers, poets, statesmen, authors, and scientists across cultures and across time have said the same thing.

It's cheaper to act early. Preventive investments in effective programs for children will save public dollars.

- We can pay $1 a year now for quality preschool education, such as the Colorado Preschool Program, or pay $4.75 later for special education, welfare, and other costs.
- We can pay $4.66 a year now for comprehensive health services for a student, or pay $28,000 later for one low birthweight baby born to a teen mom, or $87-110 per day to treat a teen troubled by substance abuse.
- We can educate all children or pay $200,000 in public assistance per dropout in lost tax revenues, productivity, and unemployment.
- We can pay $6,700 a year now for intensive community based services for one teen or pay $56,000 a year later at a state institution.
- We can pay $2,500 a year now for intensive family preservation programs for a single family or pay $10,000 per youth later for intensive child abuse therapy.

Colorado's economic, social, and political futures depend on the well-being of our children and families.

I would rather be taxed for the education of a boy than the ignorance of the man. I will be taxed for one or the other.

–WALT WHITMAN

The first step is always what matters most, particularly when we are dealing with those who are young and tender. That is the time when they are taking shape and when any impression we choose to make leaves a permanent mark.

–PLATO, THE REPUBLIC

SELECTED COUNTY DATA

	1994 Number of Children Under Age 18	1994 Percent of Total Population Under Age 18	1994 Adolescent (10-19) Percent of Total Population	1993 AFDC Rate per 1,000 Children	1993 School Lunch as Percent of All Public School Students	1992 Percent of All Births to Single Moms	1992 Percent Three Risk Births	1992 Percent Low Birthweight	1992 Percent Early Entry into Prenatal Care	1992 Infant Mortality Rate per 1,000 Live Births
COLORADO	**920015**	**26.1**	**14.6**	**140.3**	**20.9**	**23.8**	**7.8**	**8.5**	**77.9**	**7.6**
Adams	83593	29.3	14.9	150.8	25.0	31.1	10.0	9.2	74.2	8.9
Alamosa	4166	28.6	19.2	279.6	29.6	26.2	10.5	14.1	79.0	*
Arapahoe	117011	27.2	13.8	71.6	15.4	20.7	4.9	8.5	82.9	7.4
Archuleta	1625	28.2	15.8	187.8	20.3	27.7	7.7	4.6	75.4	*
Baca	1056	25.0	14.5	146.2	25.1	*	*	*	73.2	*
Bent	1241	25.4	14.6	316.0	32.1	31.7	6.3	17.5	73.0	*
Boulder	56675	23.4	13.8	83.1	14.3	15.5	4.6	6.3	78.4	5.2
Chaffee	2892	21.8	13.8	113.7	25.2	22.4	7.8	12.1	62.9	*
Cheyenne	669	31.5	16.7	65.2	16.5	12.5	*	*	70.0	*
Clear Creek	1967	24.4	14.0	54.2	17.8	11.3	4.8	10.5	92.7	*
Conejos	2336	33.5	20.2	253.2	27.5	26.3	8.0	12.4	71.5	*
Costilla	857	28.4	16.6	335.6	26.9	18.8	10.4	*	72.9	*
Crowley	853	21.2	12.3	363.1	32.6	32.7	6.1	16.3	69.4	*
Custer	530	24.9	15.5	138.5	26.7	29.2	*	*	75.0	*
Delta	5193	23.7	15.5	212.1	23.9	25.2	8.4	7.4	56.0	10.1
Denver	110879	22.7	13.6	285.4	34.8	36.4	13.2	10.2	70.5	10.0
Dolores	382	26.7	16.7	117.5	15.3	33.3	*	26.7	66.7	*
Douglas	24719	29.5	13.1	23.3	3.1	5.4	1.0	8.6	94.2	4.2
Eagle	6375	25.7	11.9	39.6	9.5	10.9	5.1	9.2	74.2	*
Elbert	115047	28.4	16.7	134.2	17.8	19.6	5.6	9.1	85.2	*
El Paso	3165	28.5	15.5	49.5	11.2	11.7	4.7	5.5	82.4	9.2
Fremont	7306	22.1	13.4	219.8	22.6	22.8	8.4	10.2	81.1	10.5
Garfield	9233	27.5	14.6	114.7	11.3	17.1	5.7	7.5	73.4	*
Gilpin	774	19.7	11.8	50.5	6.4	15.6	*	*	84.4	*
Grand	1969	25.2	14.7	73.3	12.6	19.0	3.8	6.3	88.6	*
Gunnison	2354	21.5	18.5	62.7	8.7	13.2	*	10.5	92.1	*
Hinsdale	84	18.0	12.2	37.5	*	*	*	*	57.1	*
Huerfano	1389	24.6	15.0	315.9	45.1	41.9	16.2	12.2	71.6	*
Jackson	392	26.0	15.5	90.7	18.3	*	*	*	66.7	*
Jefferson	122466	26.2	13.6	60.4	13.9	14.8	4.1	7.7	87.2	6.3
Kiowa	479	27.6	16.9	97.7	17.4	*	*	*	78.6	*
Kit Carson	1997	28.7	16.1	109.3	21.0	8.6	4.8	3.8	76.2	*
Lake	1795	28.2	14.8	63.5	25.1	20.6	11.8	15.7	65.7	*
La Plata	8678	24.6	17.2	93.6	14.8	23.1	5.8	6.1	80.3	7.3
Larimer	50561	24.8	15.6	108.7	13.3	18.1	5.4	6.7	75.9	8.9
Las Animas	3514	25.0	16.1	305.5	34.1	36.5	10.0	9.4	68.8	*
Lincoln	1391	26.3	14.0	82.2	23.1	11.1	*	9.3	77.8	*
Logan	4590	25.6	18.1	198.6	27.1	23.2	6.6	9.9	78.3	14.7
Mesa	26420	26.0	15.8	183.8	19.8	27.1	11.8	6.9	76.8	9.8
Mineral	127	23.4	9.4	162.6	15.7	*	*	*	100.0	*
Moffat	3806	30.5	17.7	115.1	12.8	21.6	8.2	5.2	79.9	*
Montezuma	5786	30.1	17.7	163.6	21.4	27.7	11.4	6.2	64.3	15.4
Montrose	6879	26.5	16.2	124.3	22.7	24.2	9.1	7.6	54.5	*
Morgan	6921	29.4	15.7	184.3	27.7	23.9	11.7	6.2	62.7	*
Otero	5576	28.3	17.0	271.1	34.1	35.3	17.1	8.4	80.6	*
Ouray	600	23.5	15.2	34.6	15.0	14.3	*	14.3	71.4	*
Park	2039	25.7	15.6	74.6	10.3	15.2	*	16.2	66.7	*
Phillips	1090	25.2	14.5	125.3	18.2	7.1	*	*	83.9	*
Pitkin	2441	18.0	8.2	18.9	*	14.4	2.9	7.9	80.6	*
Prowers	4047	31.0	20.6	244.5	32.6	33.7	12.9	9.9	51.5	*
Pueblo	33193	25.6	15.3	291.5	34.5	40.6	15.6	7.2	77.3	6.2
Rio Blanco	1755	27.2	20.7	101.1	8.2	12.9	*	4.3	77.1	*
Rio Grande	3327	29.7	16.6	277.3	28.5	29.8	6.2	10.5	76.6	*
Routt	3689	25.1	13.8	33.1	5.2	10.8	1.6	9.2	77.8	*
Saguache	1525	31.0	17.2	295.9	37.4	19.5	9.2	12.6	74.7	*
San Juan	215	27.8	16.6	110.1	*	*	*	*	45.5	*
San Miguel	953	23.1	11.6	66.7	8.7	21.1	*	7.9	60.5	*
Sedgwick	597	23.2	14.6	111.3	32.8	21.1	*	*	73.7	*
Summit	2997	21.4	9.5	25.3	3.9	11.5	2.8	9.7	84.3	13.8
Teller	3780	27.0	15.7	87.4	11.2	15.8	2.1	11.0	87.7	*
Washington	1416	26.4	15.2	91.4	18.5	14.3	4.8	15.9	90.5	*
Weld	39300	27.2	16.6	171.6	26.9	29.2	13.6	7.0	64.8	8.8
Yuma	2474	27.5	16.6	74.9	15.1	14.2	2.7	8.0	84.1	*
San Luis Valley				288.3	30.0		7.7	11.9	76.2	6.7

1992 Child Death Rate per 100,000 Children	1992* Child Abuse Report Rate per 1,000 Children	1992* Out of Home Placement Rate per 1,000 Children	1992* Teen Birth Rate per 1,000 Girls Ages 15-19	1992* Teen Births as Percent of all Births	1992* Teen Births to Single Moms as Percent of All Teen Births	1992/93 High School Graduation	1992/93 Dropout Rate	1992* Teen Violent Crime Arrest Rate per 1,000 Youth Ages 10-17	1993 * Teen Violent Crime Arrest Rate per 1,000 Youth Ages 10-17	1992* Teen Substance Abuse Arrest Rate per 1,000 Youth Ages 10-17	1992* Teen Substance Abuse Arrest per 1,000 Youth Ages 10-17
82.87	**10.3**	**10.3**	**53.3**	**12.0**	**69.50**	**79.9**	**4.3**	**4.86**	**4.7**	**14.75**	**16.1**
102.92	14.9	13.7	76.9	14.5	75.00	70.7	4.9	19.53	19.0	19.96	21.3
169.70	8.7	9.0	52.4	17.7	65.90	89.2	2.4	2.34	4.5	10.51	16.8
67.18	7.8	6.0	42.9	8.3	73.00	81.7	3.2	1.59	1.4	8.32	9.6
.	23.8	18.1	66.3	20.0	69.20	85.1	1.9	1.43	0.0	8.60	0.0
.	2.8	9.3	36.8	12.2	.	85.5	2.9	0.00	0.0	0.00	0.0
.	12.0	13.5	66.3	17.5	90.90	80.6	6	5.02	1.7	16.72	1.7
53.42	14.7	8.0	27.8	7.7	68.50	85.1	3.4	3.45	2.9	15.46	29.8
.	12.2	9.5	54.8	18.1	47.60	82.1	3.3	4.96	2.1	46.10	43.4
.	16.0	11.6	68.5	12.5	80.00	10.0	0.0	0.00	0.0	0.00	0.0
.	7.1	23.4	25.1	5.6	71.40	89.8	1.2	2.28	0.0	10.24	7.7
.	4.1	6.6	85.0	19.7	59.30	79.7	2.4	0.00	0.0	0.00	0.9
.	.	13.8	100.0	20.8	50.00	75.0	1.5	0.00	0.0	11.90	0.0
.	9.3	7.0	87.5	14.3	71.40	86.8	1.1	0.00	0.0	0.00	2.6
.	3.8	11.5	.	.	.	82.6	1.1	0.00	0.0	0.00	7.4
132.95	16.9	24.1	63.9	15.8	55.30	86.2	2.6	0.00	0.0	3.95	2.4
119.98	14.0	17.9	78.5	16.1	75.80	68.0	10.3	1.86	3.5	10.75	16.2
.	.	10.5	62.5	20.0	100.00	93.3	1.2	5.05	0.0	0.00	5.0
54.92	1.7	1.8	18.8	2.3	64.90	89.3	1.0	.98	2.9	31.25	27.3
81.37	6.3	7.2	59.2	7.5	48.40	82.2	3.8	1.83	0.4	14.63	17.4
97.88	9.4	8.4	57.9	11.1	63.20	92.9	4.7	3.58	3.7	13.10	13.8
95.57	1.9	4.5	23.8	7.0	66.70	79.9	1.4	67	0.0	0.00	3.3
69.33	8.7	23.3	59.9	16.0	49.20	82.0	4.6	4.61	4.6	23.65	44.3
67.37	9.9	12.2	52.7	11.4	51.90	85.8	2.1	0.00	0.3	14.70	10.3
.	.	19.9	53.8	15.6	60.00	96.0	0.0	5.62	2.9	14.04	20.6
.	4.0	12.0	19.8	6.3	100.00	83.2	1.7	1.07	0.0	3.21	0.0
.	16.3	7.9	10.7	5.3	.	84.3	3.0	0.00	0.0	21.79	7.3
.	.	.	.	.	.	N/A	0.0	0.00	0.0	0.00	0.0
.	15.4	11.9	68.1	17.6	76.90	80.0	1.4	0.00	4.3	1.41	2.9
.	.	9.8	.	.	.	96.0	0.0	0.00	0.0	0.00	0.0
68.95	8.2	5.8	31.1	6.7	71.80	84.1	3.6	4.19	2.9	15.27	12.5
.	.	12.1	.	.	.	10.0	0.5	0.00	0.0	0.00	0.0
.	2.4	13.7	49.2	11.4	.	95.1	0.7	1.09	1.1	7.60	1.1
.	7.4	19.3	95.5	19.6	45.00	76.7	7.2	0.00	0.0	6.86	2.6
69.95	10.3	7.9	28.2	11.1	63.00	74.0	4.3	5.83	0.8	9.55	25.1
91.30	6.3	7.6	29.0	9.2	72.90	80.8	3.3	1.63	1.6	14.70	9.5
.	5.7	10.8	44.4	14.7	76.00	93.1	3.2	7.36	6.6	14.11	19.7
.	12.4	20.5	42.9	11.1	50.00	93.2	1.3	0.00	0.0	0.00	5.1
148.65	14.2	10.2	52.2	16.9	73.90	94.1	1.5	3.74	0.0	15.91	9.3
92.83	14.7	16.5	59.1	17.1	68.10	70.6	6.7	3.50	2.9	4.86	12.0
.	8.3	.	.	.	.	85.7	2.2	0.00	0.0	0.00	0.0
105.93	20.7	13.0	48.8	16.4	50.00	84.6	2.2	2.89	2.2	25.45	35.7
136.38	8.0	7.2	70.7	17.2	53.60	69.8	4.3	.74	0.0	5.54	4.0
43.40	13.7	22.3	60.3	16.1	52.80	79.2	4.3	0.00	0.9	8.18	11.5
43.81	8.0	11.4	83.0	16.4	65.20	82.3	4.5	68	0.3	6.78	15.4
52.59	17.0	8.1	92.6	22.3	71.40	87.4	1.5	7.19	6.5	41.60	47.4
.	1.7	5.0	.	.	.	94.6	1.6	0.00	0.0	0.00	0.0
.	2.0	9.8	29.7	6.7	57.10	87.9	1.5	3.06	1.0	10.20	6.9
.	2.7	5.4	31.4	8.9	.	10.0	0.7	0.00	0.0	11.95	9.8
.	1.7	3.1	18.3	2.9	75.00	97.6	0.4	0.00	0.0	2.45	5.7
.	7.3	8.0	81.1	22.8	67.40	84.9	2.8	.55	1.1	8.22	4.9
51.04	6.9	13.3	77.1	22.0	76.20	86.0	2.2	21.87	21.3	34.23	27.6
.	12.9	21.9	21.0	10.0	.	87.0	1.4	0.00	0.0	18.67	18.2
.	9.3	6.0	60.0	16.4	64.30	76.2	3.1	6.49	5.8	41.56	43.0
.	9.9	5.9	28.7	6.5	50.00	93.1	1.4	.64	0.0	3.86	12.2
.	13.4	6.4	125.0	25.3	54.40	74.5	9.6	1.42	1.4	2.85	1.4
.	23.4	.	.	.	.	10.0	0.0	0.00	0.0	28.04	35.1
.	4.5	2.3	37.5	7.9	.	95.7	0.6	2.83	0.0	101.98	23.3
.	.	12.9	.	.	.	95.5	0.4	0.00	0.0	0.00	0.0
139.47	8.7	8.4	36.0	4.6	40.00	81.4	1.7	7.03	2.8	11.04	4.7
.	11.4	10.4	25.2	7.5	45.50	79.4	2.8	5.81	5.7	4.65	9.6
.	14.2	15.6	27.6	7.9	80.00	88.6	0.7	0.00	0.0	0.00	0.0
64.82	10.6	10.6	67.0	18.2	66.10	79.0	4.1	1.26	1.6	16.93	15.2
117.88	11.4	9.0	28.5	8.0	44.40	91.8	1.9	2.46	0.0	8.19	6.5
			69.3	18.8		80.0	3.2	2.7		67.7	

TECHNICAL NOTES

DATA
The Piton Foundation collected and analyzed all data. KIDSCOUNT in COLORADO! relies on data from federal, state, and local agencies. These sources are the final authority relating to the quality of any data.

AFDC PERCENTAGE
Colorado Department of Human Services, 1992 data run by the Department. The percentage is the maximum AFDC grant for a family of three divided by the federal poverty rate for that year for a family of three. The recipiency rate is the receipt of AFDC per 1,000 children.

CHILD ABUSE DEATHS
Colorado Department of Human Services, Child Welfare Division, 1992 data, Central Registry of Child Abuse and Neglect, as reported to National Child Abuse and Neglect Data System, January 25, 1993. Child abuse deaths are those deaths of children ages 0 through 18 where the cause is confirmed to be child abuse.

CHILD DEATH RATE
Colorado Department of Public Health & Environment, Health Statistics Section, 1992 data run by the Department. The child death rate is the number of deaths to children from birth to age 18 per 100,000 children. The indicator measures deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides, and suicides. The rate does not measure chronic illness or disability.

CHILD ABUSE REPORTS
Colorado Department of Human Services, Child Welfare Division, 1992 data, Central Registry of Child Abuse and Neglect, as reported to National Child Abuse and Neglect Data System, January 25, 1993. The rate is based on the number of confirmed reports per 1,000 children. Only those reports which have been confirmed are counted.

CHILDREN IN POVERTY
United States Department of Commerce, Bureau of the Census. *1990 Census of Population, General Social and Economic Characteristics STF 3A*, 1990 (T117). Analysis done by The Piton Foundation. *The Challenge of Change: What the 1990 Census Tells Us About Children*, The Center for the Study of Social Policy.

DECADE OF THE CHILD
The Year 2000 goals are those set by the Decade of the Child Coalition. These goals are not always identical to those set by other groups such as the United States Public Health Service's Healthy People 2000 goals.

FREE SCHOOL LUNCH PARTICIPATION
Colorado Department of Education, data run by the Department. The indicator measures the number of children who qualify for free school lunches because their family income is less than 130% of poverty, as a percent of all students attending public schools.

HIGH SCHOOL DROPOUT
Colorado Department of Education. Colorado *Graduation Rates for Class of 1993 and 1992-93 Annual Dropout Rates for Grades 7-12, December 1993*. The dropout rate is "an annual rate reflecting the percentage of all students enrolled in grades 7-12 who leave school during the reporting period and are not known to transfer to public or private schools."

HIGH SCHOOL GRADUATION
Colorado Department of Education. *Colorado Graduation Rates for Class of 1993, December 1993*. The graduation rate is defined in the source report as follows: "The rate is calculated by dividing the number of graduates by the membership base [which] is derived from the end-of-year count of eighth graders four years earlier, and adjusting that figure for the number of students who have transferred into or out of the district during the years covering grades 9 through 12."

HEALTH INSURANCE
Heitler & Yondorf, *Colorado Health Source Book, 1991-1992: Access and Utilization*. Children without health insurance are those who are not enrolled in either a private or public health insurance plan.

INDICATORS
With the advice of its Data Advisory Committee, KIDSCOUNT in COLORADO! selected various indicators from the national KIDSCOUNT project, the Decade of the Child Project, and the data available in Colorado. The Data Advisory Committee is a broad cross-section of data experts from various disciplines around the state, including: The Children's Hospital; the Colorado Departments of Human Services, Public Health & Environment, Education, Local Affairs, and Health Policy and Finance; Governor Roy Romer's Office of Policy Initiatives; The Piton Foundation; and the University of Colorado Health Sciences Center.

INFANT MORTALITY
Colorado Department of Public Health & Environment, Health Statistics Section, 1992 data run by the Department. The infant mortality rate is the number of deaths during the first year of life per 1,000 live births.

JUVENILE CRIME ARRESTS
Colorado Bureau of Investigation, Crime Information Center, *Crime in Colorado: The Annual Report of the Department of Public Safety, 1990-1993*. The annual figures include all arrests of youth during the year including repeated arrests of the same youths for different incidents. Note that 11 cities in Colorado are located in two or more counties, but their arrest figures are attributable to one county. (Arvada/Jefferson, Aurcra/Adams, Basalt/Eagle, Bow Mar/Arapahoe, Brighton/Adams, Broomfield/Boulder, Center/Saguache, Erie/Weld, Green Mountain Falls/El Paso, Littleton/Arapahoe, and Westminster/Adams.) The substance abuse arrest rate is the number of arrests of youth between the ages of 10 and 18 per 1,000 youth of the same age for violation of narcotic drugs laws, driving under the influence, and liquor laws. The violent crime arrest rate is the number of arrests of youth older than age 10 and younger than age 18 for violent crimes (homicide, forcible rape, aggravated assault, and robbery) per 1,000 youth of the same age. (To compare last year's KIDSCOUNT figures to this year's, divide last year's juvenile violent arrest rates by 100.) The weapons arrest rate is the number arrests of youth between the ages of 10 and 18 per 1,000 youth of the same age for violation of weapons possession laws.

LOW WEIGHT BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1992 data run by the Department. Low weight births are those under 5.5 pounds (2.5 kilograms). The rate is the number of low weight births per 100 live births.

OUT-OF-HOME PLACEMENT
Colorado Department of Human Services, Child Welfare Division, 1992 data run by the Department. The rate represents nonemergency out-of-home placements by the Department per 1,000 children. Placements include family foster care, specialized group homes, residential child care facilities, independent living situations, and foster care with relatives.

PATERNITY ESTABLISHMENT
Colorado Department of Human Services, Division of Child Support Enforcement. Year End County Analysis Report, 1992. Health Statistics Section, Colorado Department of Public Health & Environment, 1991 data run by the Department. The rate is the number of paternities established by child support enforcement agencies and paternities recorded by the Colorado Department of Public Health & Environment per 1,000 out-of-wedlock births. This measure is affected by factors including the number of out-of-wedlock births and the AFDC caseload in the county and is not a direct measure of the performance of the child support enforcement agency.

PREGNANCY RATE
The pregnancy rate is the number of live births, reported terminations of pregnancy, and spontaneous fetal deaths per 1,000 females in a specified age group.

PRENATAL CARE
Health Statistics Section, Colorado Department of Public Health & Environment, 1992 data run by the Department. The rate of prenatal care is the number of women receiving prenatal care in the first trimester of pregnancy per 100 births for which care is known. "Late prenatal care" measures care received in the third trimester of pregnancy; "no care" is no prenatal care or care received only at delivery.

RANK
First (1) is best; 63rd is worst, even though for some indicators a lower number is better than a higher number. When two or more counties have the same rate, KIDSCOUNT in COLORADO! assigns them the same rank.

RATE AND PERCENT
KIDSCOUNT in COLORADO! uses rates and percents to allow comparison between counties. Rates are calculated by 100 (percent), 1,000, or 100,000, depending upon the size of the target population. Using a rate allows comparison of an indicator across counties with greatly varying populations. An * appears for counties where fewer than three events occurred.

TEEN BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1992 data run by the Department. Population estimates, Department of Local Affairs, Division of Local Government. The teen birth rate is the number of live births to girls, ages 15 to 19, per 1,000 teen women of that age. Birth rates calculated for different age groups follow a similar equation.

TEEN SUICIDE
Health Statistics Section, Colorado Department of Health, 1992 data run by the Department. Special data run by the Department. Population data from tables prepared by Colorado Department of Local Affairs, Division of Local Government based upon 1990 U.S. Census data. The teen suicide rate is the number of suicides by teens, ages 10 through 19, per 100,000 teens of that age. Rates calculated for different age groups follow a similar equation.

TEEN VIOLENT DEATH
Health Statistics Section, Colorado Department of Health, 1992 data run by the Department. This indicator measures the deaths to teens ages 15 to 19 per 100,000 teens from homicide, suicide, and other firearm-related incidents.

YOUTH UNEMPLOYMENT
Colorado Department of Labor. Estimates of Youth Population and Labor Force, Fiscal Year 1992.The youth unemployment rate is an estimate of the number of youth, ages 16 through 21, who are looking for work, but are unable to find it.

YOUTH RISK BEHAVIOR SURVEY
The Colorado Department of Education, in cooperation with the U.S. Centers for Disease Control and Prevention, administered the Youth Risk Behavior Survey (YRBS) in 1990 and 1993 to a randomly selected sample of students, grades 9 through 12, across Colorado, excluding Denver Public Schools. The data in the 1990 YRBS report was weighted and is statistically representative. The data in the 1993 report is not statistically representative of all Colorado students in grades 9 through12. However, it is nonetheless valuable because it provides important descriptions of the health behaviors of the participants.

THE COLORADO CHILDREN'S CAMPAIGN

Founded in 1985, the Colorado Children's Campaign is a nonprofit, statewide, multi-issue children's advocacy organization whose mission is to mobilize individuals and organizations to think and act on behalf of children with particular attention to the health, education, and safety of children most at risk.

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NOTES

Ways to Work for Kids

1 Hour in Your Home...

- *Read a book or take a walk with your kids*
- *Help your kids with their homework*
- *Stay informed - talk to your kids' teachers*

1 Hour in Your Community...

- *Volunteer at a local youth program: school, recreation center or Big Brothers, Big Sisters type programs*
- *Work to keep a park open, drug free and litter free*
- *Be a volunteer teachers' aid or tutor*

1 Hour in Your Workplace...

- *Hire a local youth for after school or summer employment*
- *Encourage your workplace to adopt a school sports program help with supplies, transportation and volunteers*
- *Donate a portion of your company's profits to an organization that helps kids*

1 Hour with Elected Leaders...

- *Register to vote*
- *Call your elected officials and urge that prevention programs receive as much attention as prisons*

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KIDSCOUNT IN COLORADO!

In 1992, kids at risk produced these statistics:

- *37 homicide deaths of adolescents, ages 10 to 19*
- *58 suicides by kids between the ages of 10 to 19*
- *66 firearm-related deaths of adolescents*
- *125 births to girls between the ages of 10 to 14*
- *166 infant deaths of babies born to teen moms*
- *1,142 juvenile weapons arrests*
- *1,833 juvenile violent crime arrests*
- *5,569 juvenile substance abuse arrests*
- *6,400 births to girls, ages 15 to 19*
- *9,146 dropouts.*

In this book, you will find out more
about the children and families of Colorado.

If you would like more information,
contact the Colorado Children's Campaign at (303) 839-1580.

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